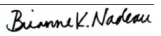


**Council of the District of Columbia  
COMMITTEE ON HUMAN SERVICES**

**MEMORANDUM**

1350 Pennsylvania Avenue, NW, Washington, DC 20004

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**TO:** Nyasha Smith, Secretary of the Council  
**FROM:** Brianne K. Nadeau, Chairperson of the Committee on Human Services   
**RE:** Closing Hearing Record  
**DATE:** 03/25/2021

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Dear Ms. Smith,

Please find attached copies of the Agenda, Witness List, and testimony for the Committee on Human Services performance oversight hearing on the Child and Family Services Agency held on February 25, 2021.

The following witnesses testified at the hearing or submitted written testimony to the Committee:

**Child and Family Services Agency**

*Public Witnesses*

1. Fernanda Ruiz, Home Visiting Director, Mary's Center
2. Luis Ledesma, Public Witness
3. Marcos Martinez, Public Witness (*no written testimony*)
4. Margie Chalofsky, Director of Advocacy, Foster & Adoptive Parent Advocacy Center
5. Stephanie McClellan, Co-founder and Deputy Director, DC KinCare Alliance
6. Tami Weerasingha-Cote, Senior Policy Attorney, DC Children's Law Center
7. Ruqiyah Anbar-Shaheen, Director of Early Childhood Policy and Programs, DC Action for Children
8. Shannon Hodge, Executive Director, DC Charter School Alliance
9. Phylicia Henry, Director of Operations, Courtney's House (*no written testimony*)
10. Christian Greene, Public Witness
11. Marie K. Cohen, Child Welfare Monitor
12. Karen Feinstein, Chief Executive Officer, Georgia Avenue Family Support Collaborative
13. Reverend Peggyann Brown, Community Advisory Committee Member, Family Success Center in Bellevue (*no written testimony*)
14. Kelly Sweeney McShane, President and CEO, Community of Hope

15. Meredith Mendoza, Senior Family Preservation Specialist, Collaborative Solutions for Communities
16. Dev Myers, Benning Terrace/Benning Park Family Success Center Manager, East River Strengthening Collaborative
17. J'Mia Nicole Edwards, Public Witness
18. Clarissa Hardy, Public Witness
19. Daryl Austin, Public Witness
20. Stacie Burgess, Public Witness
21. Taylor Woodman, Public Witness
22. Jamarri White, Public Witness
23. Leslie Allen, State Administrator, Children's Choice
24. Oscar Centeno, Family Support Worker, Mary's Center
25. Judith Meltzer, President, Center for the Study of Social Policy
26. Ralph Belk, Deputy Executive Deputy Executive Director, Program Administration, The National Center for Children and Families
27. Dr. Sheryl Brissett Chapman, Executive Director, The National Center for Children and Families (she/her)
28. Josh Gupta-Kagan, Public Witness (*for the record*)
29. Juan Carlos Chajon, Public Witness (*for the record*)
30. Kathryn Piper, Public Witness (*for the record*)
31. LaToya Cromwell, Public Witness (*for the record*)
32. Megan Brew, Public Witness (*for the record*)
33. Michael Manglitz, Public Witness (*for the record*)
34. Patricia Pierce, Public Witness (*for the record*)
35. Rebecca Burney, Attorney and Youth Advocacy Coordinator, Rights4Girls (*for the record*)
36. Rosie Parke, Director of Communications and Community Based Services, East River Family Strengthening Collaborative, Inc (*for the record*)
37. Talayshia Coles, Public Witness (*for the record*)
38. Tamara Dottin, Public Witness (*for the record*)
39. Roberto Parra, Public Witness (*for the record*)
40. Rachel Doe, Public Witness (*for the record*)
41. Keisha Doe, Public Witness (*for the record*)

42. Keith Doe, Public Witness (*for the record*)

*Government Witness*

1. Brenda Donald, Director, Child and Family Services Agency

**Council of the District of Columbia  
COMMITTEE ON HUMAN SERVICES  
AGENDA & WITNESS LIST  
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004**

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**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON  
COMMITTEE ON HUMAN SERVICES**

**ANNOUNCES A PERFORMANCE OVERSIGHT HEARING FOR THE**

**CHILD AND FAMILY SERVICES AGENCY**

**Thursday, February 25, 2021, 12 p.m.  
Virtual Hearing via Zoom**

**Streamed live at <https://www.brianneknadeau.com/committee>**

**AGENDA AND WITNESS LIST**

- I. CALL TO ORDER**
- II. OPENING REMARKS**
- III. PERFORMANCE OVERSIGHT HEARING**

*Public Witnesses*

1. Fernanda Ruiz, Home Visiting Director, Mary's Center
2. Luis Ledesma, Public Witness, Mary's Center
3. Roberto Parra, Public Witness, Mary's Center
4. Marcos Martinez, Public Witness, Mary's Center
5. Margie Chalofsky, Director of Advocacy, Foster & Adoptive Parent Advocacy Center
6. Stephanie McClellan, Co-founder and Deputy Director, DC KinCare Alliance
7. Tami Weerasingha-Cote, Senior Policy Attorney, DC Children's Law Center



8. Ruqiyyah Anbar-Shaheen, Director of Early Childhood Policy and Programs, DC Action for Children
9. Shannon Hodge, Executive Director, DC Charter School Alliance
10. Tina Frundt, Founder, Courtney's House
11. Phylicia Henry, Director of Operations, Courtney's House
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18. Christian Greene, Public Witness
19. Marie K. Cohen, Child Welfare Monitor
20. Dante Anderson, Public Witness
21. J'Mia Nicole Edwards, Public Witness
22. Clarissa Hardy, Public Witness
23. Daryl Austin, Public Witness
24. Stacie Burgess, Public Witness
25. Taylor Woodman, Public Witness
26. Jamarri White, Public Witness
27. Leslie Allen, State Administrator, Children's Choice
28. Oscar Centeno, Public Witness
29. Judith Meltzer, President, Center for the Study of Social Policy
30. Ralph Belk, Deputy Executive Deputy Executive Director, Program Administration, The National Center for Children and Families
31. Dr. Sheryl Brissett Chapman, Executive Director, The National Center for Children and Families

*Government Witness*

1. Brenda Donald, Director, Child and Family Services Agency

**IV. ADJOURNMENT**



# Mary's Center

Quality healthcare. Stronger communities.

Testimony of Fernanda Ruiz  
Home Visiting Director

2333 Ontario Road, NW  
Washington, DC 20009

Before the  
*DC Council Committee on Human Services*

*Chairperson, Councilmember Brianne Nadeau*

*Thursday, February 25<sup>th</sup>, at 12 PM  
John A Wilson Building  
1350 Pennsylvania Avenue, NW  
Washington DC 20005*

Good morning Chairperson Nadeau and Members of the Committee,

Thank you for the opportunity to testify today. My name is Fernanda Ruiz, and I am the Home Visiting Director at Mary's Center and a District resident from Ward 4. In my role I support the Father Child Attachment (FCA) team funded by the Child and Families Services Agency (CFSA).

I am here today to speak about the experience of implementing the FCA program during the last year and our partnership with CFSA. As you are aware, the FCA program experienced a gap in funding from June 2019 through November 2019. In June 2019, the program was closed, discharging fathers enrolled and their families, and transitioning our staff. As a result, the FCA program had to be entirely rebuilt when funding was restored later in the year. This meant recruiting and training new staff, reconnecting with fathers and recruiting new fathers. We had fathers exit and come back. Some others disconnected due to the lack of consistency and some others struggled. Today you will hear from some of our fathers about how the interruption in services impacted them, as well as how the program has supported them.

Saying 2020 was a challenging year is an understatement. We all have seen how families of young children have been impacted by the pandemic. Stressors and recurring trauma have increased as families become more isolated within their living situations. At Mary's Center we

have also seen an increase in domestic abuse cases and child abuse and neglect reporting.

Considerable evidence points to the fact that domestic violence and child abuse often co-occur<sup>1</sup>.

Throughout the pandemic, home visiting programs have been a lifeline to families, supporting connection to much needed resources and checking in to support safety. The Father Child Program is part of this safety net, providing virtual home visits and Fathers' Cafes via ZOOM, the program continued to engage and support fathers. The FCA supported partners with navigating stressful relationships, supported them to understand equal roles in the parenting of their children and homeschooling, and assisted the fathers with processing the feelings stemming from the summer protests on racial injustice. The FCA offered dads a safe space to be vulnerable and to redefine and understand the concept of masculinity.

During this time CFSA experienced several changes in their leadership of their CBCAP programming. Over this past year, the program was led by three different Grant Monitors. Each Grant Monitor made the effort to learn about our FCA program and put new systems in place to support reporting and training and data collection methods to measure outcomes. Changes require readjusting and time. The team appreciated these efforts and the time necessary for both

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<sup>1</sup> Data Source: Co-Occurrence of Domestic Violence and Child Maltreatment. (October 1, 2019). Resource Center on Domestic Violence: Child Protection and Custody. Retrieved from: <file:///C:/Users/fruiz/Downloads/20-facts-for-domestic-violence-awareness-month-october-2019.pdf>

parties to build our own partnership in this work recognizing the importance of the FCA and wanting to ensure its success.

Mary's Center's felt a genuine interest and investment from CFSA's leadership in home visiting as a prevention strategy for families in the District and their contributions are noted. Sharafdeen Ibraheem, Program Manager of Community Partnerships Administration, has been greatly involved in the strategic planning for the Home Visiting Council and an active member of the Under 3 DC Campaign. Additionally, he provided support in the last transition of our Grant Monitor, facilitating a smooth transition to Taylor German, Management Analyst within the same administration and supporting Ms. German in strengthening our reporting structure, rollout of the Protective Factors Survey Retrospective<sup>2</sup> and reconvening the quarterly CBCAP Grantees Roundtables. The transition was very successful and as grantees we appreciated this growth.

We urge CFSA and the Council to continue the investment in this very important prevention program and to allow us to truly measure the impact. The FCA uses evidence-based practices and training to ensure quality services for the fathers enrolled. Implementing evidence-based programming takes time, and is worth the effort if allowed to continue to grow and flourish; when interruptions occur you have to start all over again, which is more costly and delays

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<sup>2</sup> Data Source: FRIENDS National Center for Community-Based Child Abuse Prevention. (2012). Retrieved from <https://friendsnrc.org/evaluation/protective-factors-survey/>

services. And not to mention the interruptions caused for families who partner with us for the support and are the ones who are impacted the most.

Mary's Center continues through our social change model to be committed to the health, education and safety of families in the District. We support CFSA with their prevention efforts and look forward to the opportunity of continued partnership in the provision of prevention strategies and services.

Thank you very much for your attention and time. I am happy to take any questions.

Hi my name is :

Luis Ledesma, today i want to share my testimony and gratitude. Thanks to the council and my mentor Oscar Centeno to make father hood program posible. I wouldn't know about this program if my wife wouldn't have told me.

Thanks to that today i know that being a parent is more than being a provider... Its someone who is very interested in the development of his children...its to understand and to deal with your children's feelings such as happiness, frustrations and sadness, through this program I have learned that having a certain time to spare with your children its very valuable its like the world stop just for them.

Its exactly what I feel every week when i talk to my Mentor Mr.Centeno , its my time, my space where we talk, discuss and share opinions and comments its very valuable to me to have someone you can trust in and rely on. I think as human being we all need this type of assistance i deserve it and my community deserve it too. I want to encourage the counsel to keep funding this program not just temporary but permanent and forever.



Testimony before the Council of the District of Columbia

Committee on Human Services

February 25, 2021

Child and Family Services Agency Oversight Hearing

Margie Chalofsky

Director of Advocacy

Foster & Adoptive Parent Advocacy Center (FAPAC)

Good afternoon, Chairperson Nadeau and members of the Committee on Human Services. I am Margie Chalofsky, the Director of Advocacy of the Foster and Adoptive Parent Advocacy Center, commonly known as FAPAC. At the beginning of this month, we were excited to welcome Najiba Hleми as our second Executive Director and to create a new position that allows for me to continue working on individual and systemic needs of DC's families. I am also the parent of a 27-year-old son adopted from CFSA over 20 years ago, and the proud grandmother of his five-year old

daughter who has helped me to maintain at least a little equilibrium during this very challenging year.

FAPAC is an organization founded by foster parents in October 2000 to elevate their voices at tables of system reform. We were founded not as a membership organization, but as one open to all foster, kinship and adoptive families (commonly referred to as “resource” families) caring for DC’s children. As a very small organization sometimes known as the “little engine that could,” FAPAC has grown significantly in scope in order to respond to evolving community need. An expansion of our scope beyond our founding purpose (and name) is our Families Growing Stronger Together program (FGST) a comprehensive primary prevention parenting program that we host through a partnership with the Georgia Ave Family Support Collaborative and CFSA. Our current programs for resource parents include individual support, group/peer support, trainings, assistance in building shared parenting to strengthen relationships between foster parents and birth parents, and providing referrals to other community organizations and resources. All of our work with families informs our systemic advocacy, in which we work in a duality of advocacy and partnership with CFSA and other agencies to improve policies and practices impacting the children and families we serve.

### **Progress and Issues**

What a traumatic year this has been for everyone. This pandemic has impacted all families. But the families we are here about today--those involved in the child welfare system-- don’t have the autonomy to make decisions unilaterally inside their own “bubbles” as many other families do. From foster families who had to learn on a dime the new technologies needed to host virtual visits with birth families while schooling often multiple children at home; to birth parents who have to deal with the loss caused from foregoing hugs and kisses to accept virtual or distanced visits with their children; to agency workers who have to navigate the safety of their own families with the need to lay eyes on the children in their care.... all of our decisions have impacted each other. If it was not clear before, it must be clear now, how our lives are so intertwined and how the success or failure of a child welfare system falls on our ability to work together and support each other as a community.

This has all been and continues to be a huge undertaking, and we need to give gratitude to everyone who has hung in to do their best.

As it became clear that we were all living in a new reality, some of the issues we were previously focused on were pushed to the side as COVID needs jumped to the forefront.

A primary example of an urgent COVID-related issue was the need to address the inherent stress about visitations and to balance the critical importance and value of birth parent/child visits without trampling on the safety needs of either family. After a bit of a bumpy start, we were able to gather input to give to CFSA management to inform visit guidelines, and to help develop a process to elevate concerns from both workers and families. We want to thank CFSA, especially Principal Deputy Robert Matthews, Deputy Director Ann Reilly and Program Administrator Tamitha Davis-Rama, for taking the time to listen and work with us to develop processes that valued everyone's input.

Before I leave the COVID-specific discussion, I would like to point out that CFSA alone cannot resolve all the issues related to the children under their care. Two areas that have been brought to our attention that fall under other DC functions are food and vaccines. For some of our families, the added cost of food for youth who eat continually all day long now that they are not getting any meals in school nor leaving the house, has been a financial challenge. It has been suggested that our families with school age children who qualify for the free lunch program might be eligible to receive the support that the Federal Government deemed as relevant to the amount per child in each household. However, as far as we know, families have not had success in requesting this consideration.

Our second issue outside of CFSA's purview is about the COVID vaccine. Many foster families have been understandably hesitant to take children during COVID. One recommendation would be for those foster parents who take placements at this time to be considered by the DC Health Department to be in the same priority category as their social workers for the vaccine. We are not sure how to advocate for this, so we are putting it out here as a start.

Moving forward, I want to acknowledge some very positive steps CFSA has taken since the last hearing:

- Outreach to families to ensure that they had the necessary technology to convert to virtual visitation;
- Creation of a small cadre of Educational Pods for foster families;
- Development of a wide breath of quality online in-service trainings;
- Initiation of a monthly Fellowship and Feedback session to provide a safe and effective way for foster parents to bring up concerns;
- Reconstitution of the Parent Advisory Committee (PAC) to include the spectrum of birth and foster parents and youth in the hopes of becoming a viable family- led advisory committee.

I will use the rest of my time to touch on a most critical issue raised in the Council's questions to CFSA, the futures of our youth when they leave our homes and CFSA's care. For years now, some of our most dedicated foster parents have told us that the many barriers to ensuring a better future for the older youth in their homes caused their hearts to break to the point that they stopped fostering. It is time to confront this.

We acknowledge that CFSA's Office of Youth Empowerment (OYE) has a lot of great programs.

However,

- Some youth refuse to use these programs.
- Families express that the agency does not consistently help to create a culture of accountability for taking advantage of services.
- Foster parents are expected to "parent" but unlike other parents, are often not able to set accountability for basic responsibilities such as attending school or work because they do not always get the back-up of the agency to do so.
- Sometimes after youth leave care and find themselves at loose ends, they will return to the home of the foster parent where they felt most comfortable and loved. Despite wanting to help, their foster parents may not have a vacancy. They may try to help make connections to services, but sometimes it is too late. Sometimes the youth asks, "Why didn't you make me" (go to classes, take my medicine, etc.) But foster parents are not empowered to do this.

- As the District has extended the time for youth to stay in care during the pandemic, (which we support), the questions of how to (1) structure an adult to live in your home and (2) prepare an over 21-year-old to leave your home with the ability to succeed are critical. Some foster parents have shared that the mindsets of youth change when youth turn 21 and have all the legal rights as an adult, and that parenting becomes even more challenging, especially with someone who did not grow up in your home. We believe that if a youth's care is extended, it is critical for conversations between the youth, the foster parent and the social worker to occur about the expectation of activities during this time. If we don't put out any expectations, when it is again time to leave, our youth are still sent into the world unprepared.
- We believe that there may be a number of youth who find housing with a friend or relative the day they leave care, but that a year later, they are lost and not stable in housing or employment. We recommend that CFSA track that data for at least a year so that they can accurately assess the success of the programs and interventions they have offered while the youth are in care. Otherwise, we really don't know if what we are offering has worked.

We know that what we are now discussing is a very complicated and multi-layered issue that requires a deep dive into differing perspectives. Over the years, there have been many related conversations started and stopped in various forums. However, we are presently seeing progress at CFSA on some of our longer-term issues, thus we have more hope that we will be soon be able to delve into this most critical conversation more productively together as a community.

Our youth deserve this from us.

Thank you for the chance to testify today. I will be glad to answer any questions.

**Testimony Before the Council of the District of Columbia**  
**Committee on Human Services**

**Public Hearing:**  
**Performance Oversight Hearing**  
**Child and Family Services Agency**  
**February 25, 2021**

**Stephanie McClellan**  
**Deputy Director, DC KinCare Alliance**

Good morning Chairperson Nadeau and Members of the Committee on Human Services. My name is Stephanie McClellan, and I am the co-founder and Deputy Director of DC KinCare Alliance. Our mission is to support the legal, financial, and related service needs of relative caregivers who step up to raise DC children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. DC KinCare Alliance is a member of the Fair Budget Coalition, and we support budget priorities and policies that alleviate poverty in the District of Columbia.

A. DC's Grandparent Caregiver Program

When we testified at this hearing last year, we discussed the critical role of the Grandparent Caregiver Program (GCP) to keep our most vulnerable children raised by relative caregivers out of poverty. At that time, there was a waiting list of 46 families.<sup>1</sup> Today, more than a year later, the waiting list has increased to 53 families<sup>2</sup>—purportedly due to lack of funds—yet CFSA had enough money in FY 2020 for the Mayor to repurpose more than two million dollars of CFSA's budget to pay for MPD overtime. It would have taken less than half that amount to clear the GCP waitlist.

When we testified two years ago in support of the Close Relative Caregiver Program (CRCP), it was in part, to stop the unfairness of supporting vulnerable DC children raised by a great-aunt or grandmother, but not a similarly situated child raised by an aunt or older sister or brother. We thank this committee and the entire DC Council for seeing the injustice and righting that wrong. Today in DC, we again have the same injustice in reverse. If a DC child is being raised by an aunt or an older sister or brother, there is money available through the

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<sup>1</sup> CFSA Oversight Responses FY 2019-2021, Question No. 80.d., *available at* <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

<sup>2</sup> CFSA Oversight Responses FY 2020-2021, Question No. 73.d., *available at* [dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

CRCP to help that child but, if a similarly situated child is being raised by a great-aunt or grandmother, that child is out of luck. We are counting on this Committee and the DC Council to fully fund the GCP, whether or not the Mayor includes adequate funding in her budget.

B. DC's Kinship Navigator Program

Federal law defines kinship navigator programs as programs “to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.”<sup>3</sup> Federal law further requires kinship navigator programs, among other things, to be:

planned and operated in consultation with kinship caregivers and organizations representing them; establish information and referral systems that link (via toll-free access) kinship caregivers, kinship support group facilitators, and kinship service providers to . . . each other; provide outreach to kinship care families, including by establishing, distributing, and updating a kinship care website, or other relevant guides or outreach materials. . . .<sup>4</sup>

Unfortunately, although CFSA received more than \$400,000 in federal kinship navigator funding in FYs 2019 and 2020,<sup>5</sup> it does none of these things. First, DC KinCare Alliance is the sole organization in DC serving only relative caregivers; however, neither we nor our clients have been consulted by CFSA regarding the establishment and operation of its Kinship Navigator Program. Second, CFSA has no kinship-navigator specific helpline, website, or resource guide. Last year, CFSA represented that its Kinship Navigator Program

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<sup>3</sup> 42 U.S.C. § 627(a)(1).

<sup>4</sup> *Id.*

<sup>5</sup> CFSA Oversight Responses FY 2019-2021, Question No. 82.e., available at <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>. There is also federal funding available for kinship navigator programs in FY 2021, as well as pandemic reimbursement of program expenses from April 4, 2020 through September 30, 2021, but we do not know if DC has already received or intends to receive these funds.



had a “helpline” number of 866-326-5461 or 866-FAM-KIN1.<sup>6</sup> Yet, that telephone number is not answered “Kinship Navigator Program helpline” but rather “CFSA,” and the office that answers the phone is that of the Close Relative Caregiver Program. While CFSA also represented that it purchased “a web-based directory to link kinship caregivers to resources, called “NOWPOW,”<sup>7</sup> relative caregivers do not have access to it. It is only accessible by entering a dc.gov e-mail with a user ID and password.<sup>8</sup> We understand CFSA uses NOWPOW to track referrals of community partner organizations with its Family First Success Centers, although our understanding is that many referrals are made directly—outside of the NOWPOW software. Further, the Success Centers are not tailored specifically to kinship families, but all families within each Center’s reach, which necessarily excludes relative caregivers of DC children who do not live in DC. The end result is that neither we nor our clients know what services or supports the CFSA Kinship Navigator Program provides, if any, or what the eligibility criteria is for obtaining them.

DC KinCare Alliance provides a robust, fully-functioning kinship navigator program on a shoestring budget of small grants and individual donations. We have a well publicized and accessible helpline, website and resource guide (both on-line and print versions) for relative caregivers to learn about legal and financial resources available to them. In addition to providing legal representation in court, we help relative caregivers with accessing hard to

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<sup>6</sup> CFSA Oversight Responses FY 2019-2021, Question No. 82.a., *available at* <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

<sup>7</sup> CFSA Oversight Responses FY 2019-2021, Question Nos. 7 and 82.a., *available at* <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

<sup>8</sup> <http://nowpow.cfsa.dc.gov/>. To be sure there was not an accessible kinship-specific website or webpage, a Google search was conducted on February 24, 2021 for the term “DC Kinship Navigator.” It did not identify CFSA’s Kinship Navigator Program. An additional search was conducted on CFSA’s website with the term “kinship navigator” in the search bar. Again, there was no result for CFSA’s Kinship Navigator Program.

obtain resources, such as food, clothing, furniture,<sup>9</sup> and technology, as well as rental, utility, unemployment, and housing voucher assistance. Our Relative Caregiver Community Advisory Board, consisting of 18 relative caregivers raising 23 DC children, works in tandem with us to identify unmet needs and devise ways to address them. Significantly, our Board members regularly report that if we had not told them about and helped them obtain services, they never would have known about or been able to access them.

C. Ombudsperson for Children

A critical protection for children in DC will be the independent Ombudsperson for Children that: conforms to nationally recognized standards; mediates, investigates and advocates for DC children; and is not beholden to the agencies it oversees. We thank the DC Council for recognizing this need and for overriding the Mayor's veto of the Office of the Ombudsperson for Children Establishment Amendment Act of 2020. But the fight is not over. If there is to be a fully functioning Office of the Ombudsperson for Children at all, it will be up to the DC Council to make sure it has an appropriate budget to do its essential work.

D. Kinship Diversion (also known as Hidden Foster Care)

One of the issues the new Ombudsperson will face is kinship diversion (also known as hidden foster care). This occurs when CFSA determines that there is abuse or neglect of a child and the child can not remain safely at home with their parents, even with the provision of services. But, rather than follow both federal and DC law requiring removal of the child to foster care—preferably with a relative who has received an expedited temporary kinship foster care license—CFSA diverts the child to live with the relative, without providing the

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<sup>9</sup> DC KinCare Alliance recently partnered with Washington Womenade and So What Else to conduct a same-day donate and deliver furniture pilot project. Over just 2 weekends, we successfully distributed 79 pieces of furniture to DC and Maryland kinship families in need.

legally required due process, services or supports, including foster care maintenance payments. DC KinCare Alliance has filed federal lawsuits on behalf of kinship families who have been harmed by this illegal and discriminatory practice.<sup>10</sup>

In July 2020, CFSA issued a policy entitled “Diversion Process at Investigations,”<sup>11</sup> which defines diversion and purports to record and track its numbers. On page 1 of the policy, CFSA defines diversion as: “Rather than placing the child in foster care, CFSA will partner with the child’s parent to plan for the child to be safely cared for by a relative or another identified caregiver.” The accompanying footnote explains that a diversion “identifies who will assume physical care of the child.” The policy further explains the diversion determination process as follows: “When a child and their family comes to the attention of CFSA through a hotline report of abuse and neglect, the investigative social worker must conduct an assessment to determine if: (1) the child(ren)/youth is in imminent danger, which would result in a removal, and (2) if the child(ren)/youth can remain safe in the community with an identified caretaker.”

Accordingly, diversion as defined and practiced by CFSA involves the determination by CFSA that the parent cannot care for the child in his or her home because of abuse or neglect, and that the child must physically live somewhere other than the parent’s home to ensure the child’s safety. The only difference between foster care and diversion is that DC files a petition to remove and place a child in a foster care case, but removes and places the child without court involvement in a diversion case.

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<sup>10</sup> *K.H. et al. v. D.C.*, No. 19-3124 (D.C.D.C. filed Oct. 18, 2019); *S.K. et al. v. D.C.*, No. 20-00753 (D.C.D.C. filed March 17, 2020).

<sup>11</sup> CFSA Administrative Issuance 20-1, “Diversion Process at Investigations,” July 13, 2020, available at <https://cfsa.dc.gov/publication/ai-diversion-process-investigations>.

Regarding tracking diversion, the policy indicates that diversions are recorded and tracked by month. However, it does not require tracking of the most important information about diverted children -- *their outcomes following a diversion*, such as: how long children stay in a diversion arrangement; whether they return home and when; what services they receive; whether they are subject to future abuse or neglect; and whether they are ultimately removed to foster care.

There are many reasons why diversion as practiced by CFSA is problematic. First, as the policy provides, a decision to divert is initially made by a CPS social worker. Once this decision is made, CFSA *may* discuss the plan for the child to live with the relative with the parent and relative and *may* obtain the consent of the parent to do so. However, in some cases, parental consent is not ever obtained, raising serious constitutional concerns.<sup>12</sup> While CFSA references its Safety Plan Policy in its Diversion Policy, it is clear that it does not follow its requirements of having a written plan that a competent parent must execute, and that the plan be time limited and last no longer than 30 days. In our experience working with more than 350 kinship families, we have seen diversions where there is no parental consent or parents do not have the capacity to consent. Parents of diverted children often grapple with serious and pervasive mental health or substance use issues, and the family is well-known to CFSA. Yet, CFSA involvement never stops the cycle of abuse; rather, the child is maintained in an unsafe home or diverted over and over again to live with different relatives. We have also seen diversion *after* the child previously had been removed to kinship foster care, reunified with the parent, and then the parental abuse or neglect started all over again.

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<sup>12</sup> “The state is limiting one of the most precious substantive liberty rights recognized by the Constitution—that of parents to the care, custody, and control of their children—and the reciprocal right of children to live with their parents.” Josh Gupta-Kagan, *America’s Hidden Foster Care System*, Stan. L. Rev. 841 at 843 (2020), available at <https://review.law.stanford.edu/wp-content/uploads/sites/3/2020/04/Gupta-Kagan-72-Stan.-L.-Rev.-841.pdf>.

From our first-hand observations of CFSA's diversion discussions with families and from the many accounts relayed to us by our clients, both the parent and the relative are coerced into agreeing to the diversion or safety plan for the child to live with the relative. The parent is coerced because they are told that if they do not agree, the child will go into foster care and it will be difficult to ever get the child back. In this situation, the parent is not in a position to freely consent to anything.<sup>13</sup> CFSA has all the power and is effectively making the decision alone.

The caregiver is coerced because they are told that if they do not agree, the child will go into foster care with a stranger. The caregiver is never told that they would be the first choice for placement if the child were to be formally removed, nor is the caregiver told that they would receive a foster care payment to help care for the child. If the caregiver somehow knows to ask about kinship foster care, they are told that it is not available or that they may not qualify and that it could take a long time. They are not told that there is a fast track licensing process for kin and that all non-safety related requirements can be waived under DC regulations.

The second reason CFSA's diversion policy and practice is problematic is because it fails to grant any legal rights to the person who is taking the child into their home. In this regard, the caregiver is rarely provided with any documents needed to care for the child, such as the child's birth certificate, social security card, Medicaid card, or vaccination records. These things are needed to apply for benefits, get medical care for the child, and enroll the child in school. Additionally, a diversion arrangement does not grant legal custody to the caregiver nor is it legally enforceable. Accordingly, the parent could come get the child at

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<sup>13</sup> *Id.* at 866.

any time, or the caregiver could return the child to the parent even if the parent is still not safe.<sup>14</sup>

The third reason why CFSA's diversion policy and practice is troubling is that, by definition, the child is going to live informally with a relative *instead of* foster care. Foster care provides an important check on the power of CFSA to remove a child from a parent because parents and the child are appointed lawyers to represent them and a judge determines if there is sufficient evidence to warrant removal. With diversion, there is no check on the power of the agency.<sup>15</sup> Foster care also furnishes services and supports that are not available through diversion. A parent will receive services to address the problem that led to the separation from their child and to assist with the goal of reunification.<sup>16</sup> The licensed caregiver and the child will receive services like respite care and transportation to school and foster care maintenance payments that ameliorate the impact of poverty.<sup>17</sup>

The purpose of foster care is permanency, either through reunification with a parent or guardianship or adoption with the caregiver. Diversion provides none of these pathways, as children are diverted multiple times or stay with relatives informally for months, years, or even until they become adults. While CFSA may follow up for a short period (typically, no more than a month), CFSA will close its investigation even if the plan is not working, and leave the caregiver to figure out how to care for the child long-term. If a caregiver tells CFSA that they can no longer care for the child because of all of the hurdles to do so, CFSA will threaten the caregiver with a neglect case. In other words, once CFSA closes its case, it will not get reinvolvement to help stabilize the family unless a new allegation of abuse or neglect is

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<sup>14</sup> *Id.* at 882.

<sup>15</sup> *Id.* at 875.

<sup>16</sup> *Id.* at 878.

<sup>17</sup> *Id.* at 880.

called into the hotline, which is when the “safety plan” has already failed. The reason we find out about diversion is invariably because something has gone wrong. CFSA treats abused and neglected children like hot potatoes; they do not want to be responsible for vulnerable children in need of protection.

In 2001 and 2004, the DC Council acknowledged these problems with diversion, known at the time as “temporary third party placements,” when it revoked CFSA’s authority to engage in them from the Child Abuse and Neglect Act.<sup>18</sup> This revocation was in response to changes in federal laws and requests from the *LaShawn* court monitor. CFSA has decided to flout the DC Council’s intent to eliminate these arrangements by calling them by another name -- diversions.

DC KinCare Alliance requested information from CFSA about its new diversion policy through FOIA. We wanted to know how many children had been diverted to date. At first we were told that no children have been diverted. A month later, we were told that one child was diverted back in July of 2020. The truth is that DC KinCare Alliance has personal experience with at least four other families who have experienced diversion since the new policy was issued. It is clear that CFSA has not been properly tracking diversions, although it is unclear why this is the case – whether the staff are not properly trained on how to track diversion or whether there is a data integrity problem.

The District of Columbia has a much lower rate of foster care placement with kinship caregivers than the national average of 32%.<sup>19</sup> CFSA stated in its oversight responses that DC’s rate is 28%,<sup>20</sup> and it was in FY 2020, but DC’s rate in the first quarter of FY 2021 went

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<sup>18</sup> Child and Family Services Agency Establishment Amendment Act of 2000, Pub. L. 13-277 (Apr. 2001); Child in Need of Protection Amendment Act of 2004, Pub. L. 15-531 (Apr. 2005).

<sup>19</sup> Children’s Bureau, *Foster Care Statistics 2018*, available at <https://www.childwelfare.gov/pubPDFs/foster.pdf>.

<sup>20</sup> CFSA Oversight Responses FY 2020-2021, Question No. 69.a., available at [www.dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](http://www.dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

down to 26%.<sup>21</sup> CFSA claims its low rate is because many DC families identify Maryland caregivers and Maryland cannot waive the non-safety related licensing requirements that DC can; but if that were true, Maryland would also have a low kinship placement rate. Maryland's kinship placement rate is 40%.<sup>22</sup> The real reason DC continues to lag behind year after year is because of diversion.

The vast majority of families involved with CFSA are Black, live in Wards 7 and 8, are poor, and have lower levels of education. This results in a concerning power imbalance between the agency and the families they are tasked to serve. CFSA takes advantage of this power imbalance to deny kinship families much needed economic benefits to which they are entitled. We ask the DC Council to take this opportunity to review CFSA's recent diversion policy and long time practices, which only serve to exacerbate existing inequalities—the very definition of systemic racism.

#### E. Child Fatalities and Near Fatalities

Another area the Ombudsperson for Children will need to tackle is determining how many children die or suffer from near fatalities as a result of abuse or neglect in DC each year.<sup>23</sup> Stunningly, we do not have answers to these critical questions because it is not anyone's job to collect or make publicly available *any data* on near fatalities, and the data provided in public reports on fatalities is not provided in a way that would assist the DC Council to ensure all steps are being taking to prevent child maltreatment deaths. As a result, we cannot answer any of the following questions:

What is the number of DC children who die from maltreatment each year, and is that number going up or down?

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<sup>21</sup> CFSA Data DashBoard at <https://cfsadashboard.dc.gov/node/1435526>.

<sup>22</sup> <https://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type#detailed/2/22/false/37,871,870,573,869,36,868,867,133,38/2622,2621,2623,2620,2625,2624,2626/12994,12995>.

<sup>23</sup> Near Fataility is defined as “a child in serious or critical medical condition as a result of child abuse, neglect, or maltreatment, as certified by a physician.” DC Code § 4-1303.31(6).



What is the number of children who suffer a near fatality from maltreatment each year, and is that number going up or down?

Is CFSA doing its most important job of protecting DC children from death and near fatalities?

The Child Fatality Review Committee (CFRC) is required to issue an Annual Report of Findings and Recommendations to the public every year.<sup>24</sup> However, each CFRC Report reviews deaths over multiple years and does not include statistical information broken down by the year in which the deaths occurred. There is no way to identify the number of child deaths due to maltreatment by the year in which they occur. CFSA issues its own annual internal Child Fatality Review Reports, but again, the cases reviewed range over a number of years so it is impossible to tell how many children die from maltreatment in any particular year. For example, CFSA asserts in its 14th Annual Child Fatality Review Report that there were no fatal abuse homicides in 2018 among children known to CFSA within the preceding five years;<sup>25</sup> however, it is impossible to be confident in this assertion since a significant portion of child fatalities that occurred in 2018 were not reviewed by CFSA that same year.<sup>26</sup> It is difficult to believe that of the four homicides of infants and children age five years and younger reported by the Office of the Chief Medical Examiner for 2018,<sup>27</sup> not one of them was the result of fatal abuse in families known to CFSA.

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<sup>24</sup> D.C. Code § 4-1371.09(f).

<sup>25</sup> District of Columbia Child and Family Services Agency 14<sup>th</sup> Annual Child Fatality Review Report titled *Child Fatalities: Statistics, Observations and Recommendations 2018* at pp. 1-2, available at [Statistics, Analyses, and Recommendations \(dc.gov\)](#).

<sup>26</sup> These statistics clearly do not include two-year old Aceyson “Ace” Ahmad who was beaten to death on April 17, 2018 or one-year old Carter Sanders who was beaten to death on May 16, 2018 or six-month old Brooklynn Hill-Davis who was scalded to death on September 5, 2018, all of whom may or may not have been known to CFSA. <https://washingtoncitypaper.com/article/180828/to-escape-court-oversight-dcs-child-welfare-system-is-cutting-corners/>.

<sup>27</sup> District of Columbia Office of the Chief Medical Examiner 2018 Annual Report, published December 31, 2019 at p. 44, available at [OCME 2018 Annual Report.pdf \(dc.gov\)](#).

We wanted to see if there were any fatal abuse homicides in 2018 among child deaths reviewed by CFSA in last year's 15th Annual Child Fatality Review Report, but we could not—not because CFSA did not review any child fatalities that occurred in 2018 in 2019—they did, ten of them, but because CFSA did not include statistical data or analysis for those deaths in its report at all.<sup>28</sup> CFSA only included information about thirteen deaths that occurred in 2019. Frighteningly, of the thirteen child deaths that occurred in 2019 and that were also reviewed in 2019, three of them were abuse and neglect homicides.<sup>29</sup> In other words, it looks like the number of child deaths due to abuse and neglect among children known to CFSA is going up—a lot—from zero in 2018 to three in 2019. Unless this Council demands better information from CFSA, we will never know the true numbers of child maltreatment deaths each year because CFSA is refusing to release the data for the deaths it reviewed in 2019 for preceding years, including the ten deaths that occurred in 2018 and the seven deaths in 2017.

Does a child's death really matter less based on whether their death is reviewed in December or January of a particular year? Does the Council want to know if any of the ten child deaths that occurred in 2018 or seven child deaths that occurred in 2017, but not reviewed by CFSA until 2019, were a result of child maltreatment? Does the Council want the next CFSA Child Fatality Review Report to provide information on 2019 deaths that occurred in 2019 but were not reviewed by CFSA until 2020?

It looks like child maltreatment deaths are going up because CFSA has narrowed the front door so much that they are keeping children out of foster care who are literally dying to

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<sup>28</sup> District of Columbia Child and Family Services Agency 15<sup>th</sup> Annual Child Fatality Review Report titled *Child Fatalities: Statistics, Observations and Recommendations 2019* at p. 1, available at [2019 Annual Child Fatality Review Report vF - 11.19.20 \(dc.gov\)](#).

<sup>29</sup> *Id.* at p. 3.

come in. The way to find out for sure is to require CFSA to amend its 2019 Child Fatality Review Report to include all the omitted cases from prior years and, moving forward, to prepare its annual Child Fatality Reports based on all child fatalities reviewed by CFSA during that year. In conclusion, CFSA's new reporting practice arbitrarily deprives policy makers and the public of critical information to evaluate how well CFSA is carrying out its mission to protect DC's children and, if not remedied, the validity and utility of the data will become more flawed each year.

Thank you for the opportunity to testify today. I am happy to answer any questions.



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Testimony Before the District of Columbia Council  
Committee on Human Services  
February 25, 2021

Public Hearing:  
Performance Oversight Hearing  
Child and Family Services Agency

Tami Weerasingha-Cote  
Senior Policy Attorney  
Children's Law Center

## **Introduction**

Good afternoon Chairperson Nadeau and members of the Committee. My name is Tami Weerasingha-Cote. I am a Senior Policy Attorney at Children's Law Center<sup>1</sup> and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I appreciate this opportunity to testify regarding the performance of the Child and Family Services Agency (CFSA) over this past year. For the past twenty-five years, Children's Law Center attorneys have served as guardians-ad-litem for children in the care and custody of CFSA.<sup>2</sup> At any given time, we represent approximately half the children involved with CFSA – several hundred children in foster care and protective supervision each year.<sup>3</sup> We are heavily invested in CFSA's success because, in our view, CFSA succeeding means our clients will have the best opportunities to overcome the traumas they have experienced and achieve positive outcomes in health, education, and family stability. We therefore provide this testimony with the goal of not only supporting the Council in its oversight function, but also with the intent of supporting CFSA in accomplishing its mission “to improve the safety, permanence, and well-being

of abused and neglected children in the District of Columbia and to strengthen their families.”<sup>4</sup>

At the outset, we must commend CFSA for its active engagement with us over the past year. Members of CFSA’s leadership team, as well as key personnel involved in placement and operations, met with us on a regular basis to answer our questions, share critical information, and engage in joint problem-solving for systemic issues. CFSA also facilitated meetings between our team and key placement agencies – including Children’s Choice and the National Center for Children and Families. CFSA included us in their Policy Work Group, inviting us to review and provide input on draft agency policies and procedures. Finally, CFSA encouraged our case-handling attorneys to take case-specific problems up CFSA’s chain-of-command more frequently and were responsive to us in those instances. We appreciate CFSA’s engagement with us this past year and hope to build on our partnership moving forward.

When we consider CFSA’s performance over the past year, it is our view that CFSA has the right long-term vision in terms of focusing on prevention and working hard to support families where they are through alternatives to removal such as diversion and providing in-home services. We share this vision with CFSA, and we applaud CFSA for its work towards these goals. We also recognize, however, that there are problems with the way CFSA is implementing this vision that raise concerns about children’s safety. Specifically, insufficient follow-up protocols for children who are

diverted, lack of comprehensive data collection and reporting around diversion, and lack of available details regarding child fatality and critical incident reviews create risks that we are leaving children who require more intensive interventions in dangerous situations.

Further, we believe CFSA needs to apply the long-term strategic thinking it uses for prevention work to the way the agency approaches meeting the needs of kids who are removed and in CFSA's care. Too many children currently in foster care are struggling to have their needs met. These struggles are reflected in continuing high levels of placement instability, behavioral health challenges, poor education outcomes, and insufficient preparation for independent living. Failing to meet the needs of foster children in these basic and foundational areas often means failing to provide them with a path to a happy, healthy, and stable future.

Although meeting the needs of foster children is one of CFSA's core responsibilities, it is not something we can expect CFSA to do entirely on its own. In the words of Director Donald, CFSA is DC's child welfare agency – not its child welfare system.<sup>5</sup> To meet the needs of DC's most vulnerable children and families, CFSA needs the support of its sister agencies – including the Office of the Superintendent of Education (OSSE), District of Columbia Public Schools (DCPS), the Department of Youth Rehabilitation Services, the DC Housing Authority, the Department of

Behavioral Health (DBH), the Department of Health Care Finance (DHCF), and the Metropolitan Police Department.

CFSA also needs the support and investment of this Committee and the DC Council to accomplish its mission. In addition to ensuring CFSA has adequate resources to fulfill its mission, the Council can support interagency coordination by holding all relevant city agencies accountable for meeting the needs of child welfare-involved families. To these ends, funding and supporting the implementation of the recently passed Ombudsperson for Children Establishment Act of 2020 will enable the Council to be more fully responsive to CFSA's needs and actively facilitate interagency cooperation to support CFSA's core mission.<sup>6</sup>

My testimony today will first discuss the strengths and weaknesses of several key components of CFSA's prevention work and efforts to minimize removals. My testimony will then address CFSA's services for foster children in four areas: placement, behavioral health, education, and preparation for independent living. For each of these service areas, my testimony will note successful efforts by CFSA over the past year, discuss implementation challenges, and identify where new strategies or longer-term thinking may be required.

### **CFSA Takes the Right Approach by Emphasizing Prevention and Alternatives to Removal, But Must Include Guardrails to Protect Children's Safety**

In recent years, CFSA has successfully brought down the number of children coming into foster care through a combination of heavily investing in prevention work



and supporting alternatives to children entering care – including diversion and providing in-home services.<sup>7</sup> CFSA’s investments in prevention over the past year include opening the Families First DC Success Centers and implementing a first-in-the-nation statewide prevention plan pursuant to the federal Family First Prevention Services Act (FFPSA). CFSA recently announced plans to expand its prevention work and “reimagine” DC’s child welfare system through participation in the “Thriving Families, Safer Children” program.<sup>8</sup>

We applaud CFSA for its focus on prevention and efforts to avoid removals. We share CFSA’s long-term vision for an approach to child welfare that prioritizes keeping families together by supporting them where they are and strengthens communities so they can support children and families without government intrusion.<sup>9</sup> Without adequate safety guardrails, however, emphasizing preventing and minimizing removals may leave some children in dangerous situations. For this reason, we urge CFSA to establish additional check-in protocols for children who are diverted because of substantiated allegations of child abuse or neglect, and to comprehensively collect and report data related to safety outcomes for these children. We also ask CFSA to provide more detailed information regarding child fatality and critical incident reviews.

*CFSA Is Making Long-Term Investments in Prevention: Implementation of Family First Prevention Services Act; DC Success Centers; and Thriving Families, Safer Children*

As we noted in our oversight testimony last year, CFSA was the first child welfare agency in the country to develop an approved prevention plan pursuant to the

federal Family First Prevention Services Act (FFPSA).<sup>10</sup> Over the past year, CFSA has worked with its sister agencies to move forward with implementing this prevention plan, with the stated goals of increasing protective factors for families, reducing child abuse and neglect, and reducing foster care entry and re-entry.<sup>11</sup> CFSA and its partners are in the process of assessing DC's current array of evidence-based family strengthening and parent education programs that qualify for federal funding under FFPSA.<sup>12</sup> Using comprehensive and detailed data analytics, CFSA is identifying barriers to participation in these programs, determining whether additional capacity is needed, and seeking ways to make programming more efficient. CFSA intends to expand available programming based on a needs assessment and gap analysis that is currently underway. We hope to see CFSA make full use of federal funds available through FFPSA and continue to build out prevention programming across the city in the years ahead.

CFSA also opened ten Family Success Centers this past year as part of the Families First DC initiative.<sup>13</sup> Families First DC is a neighborhood-based, neighborhood-driven approach aimed at reducing disparities and creating stronger, more resilient families through meaningful access to District services.<sup>14</sup> CFSA provided grant funding to community-based organizations to open Family Success Centers in ten specific communities in Wards 7 and 8, which were identified based on a review of social determinants of health data, violence prevention, substantiated reports of child

abuse and neglect, and Office on Neighborhood Safety and Engagement data.<sup>15</sup> Family Success Centers are intended to both: (1) support better integration and delivery of existing services to their community, and (2) develop new initiatives to deliver previously unavailable services that meet the specific needs of their community. Services are supposed to be focused on residents residing in the target areas, with an emphasis on families not yet involved with the child welfare system. Since opening in October 2020, the Family Success Centers have reached nearly 2,800 families, and more than 350 families have engaged in ongoing services through the Family Success Centers.<sup>16</sup> Although we have not yet seen significant use of the Family Success Centers by the families we work with at CLC, we hope to see the Family Success Centers playing a greater role in supporting our families this year.

Finally, just last month, CFSA announced its participation in a new prevention initiative launched by the U.S. Children's Bureau and several national foundations: Thriving Families, Safer Children (TFSC).<sup>17</sup> The goal of TFSC is to reshape child welfare with a focus on prevention and equity and to reduce disparities in outcomes for children and their families.<sup>18</sup> Ultimately, TFSC seeks to transform the child welfare system into a child well-being system.<sup>19</sup> CFSA is part of the second cohort of jurisdictions selected to participate in TFSC, which will focus on policy and systemic reforms.<sup>20</sup> Although we don't yet know what specific reforms CFSA plans to implement as part of TFSC, CFSA's participation in this initiative reflects a continued focus on

prevention, which we fully support. We look forward to learning more about CFSA's specific plans pursuant to this initiative soon.

*CFSA is Committed to Keeping Families Together: In-Home Services and Diversion*

CFSA's focus on keeping families together whenever possible is demonstrated by its use of In-Home Services and diversion as alternatives to removal. CFSA's policy is to open an In-Home Services case any time an investigation results in a substantiated finding of abuse or neglect and the family is identified as high or intensive risk, but the agency determines that the child(ren) can be maintained safely in their home with the support of In-Home Services.<sup>21</sup> The level of services provided to the family is determined by CFSA's assessment of safety and risk, and the services are intended to ensure child safety and promote family well-being.<sup>22</sup> Services are provided until all safety issues have been resolved and the case can be closed, or until safety concerns rise to the level requiring removal and the opening of an out-of-home (foster care) case.<sup>23</sup>

In situations where CFSA has determined that a child cannot remain safely in their home, CFSA can work with the child's parent(s) to develop a plan for the child to be safely cared for by a relative or another identified caregiver – a practice known as “diversion” or “kinship diversion.”<sup>24</sup> The decision whether an investigation can be “diverted” is made by the investigative social worker.<sup>25</sup> Although the investigative social worker should identify and offer supports and services to the family based on

their specific needs, diversion results in case closure and requires no further CFSA involvement.<sup>26</sup>

CFSA offers several programs to provide financial and other supports to caregivers who take in children who would otherwise likely enter foster care – including:

- The Grandparent Caregivers Program, which provides a monthly subsidy to low-income residents who are raising their grandchildren, great-grandchildren, great nieces, or great nephews;<sup>27</sup>
- The Close Relative Caregiver Pilot Program, which provides a monthly subsidy to low-income residents who are raising their siblings, nieces, nephews, and cousins;<sup>28</sup> and
- The Kinship Navigator Program, which offers a helpline connecting caregivers with services and supports, hosts enrichment events for families, and provides flexible funds for one-time or short-term supports.<sup>29</sup>

Although these programs offer vital supports to family caregivers, they are not sufficiently funded to meet the needs of all eligible families. In FY2020, 64 eligible families were waitlisted for the Grandparent Caregivers Program due to the program running out of funds, and in FY2021 to date, there are 53 families currently on the waiting list.<sup>30</sup> We urge the Council to ensure these programs are fully funded to meet the needs of families keeping children out of foster care.

We commend CFSA for its commitment to keeping families together and support its efforts to avoid removal where possible. Children fare better in the care of family members than in foster care – they tend to have more stability and are more likely to maintain connections with their siblings, culture, and community.<sup>31</sup> CFSA’s efforts in this area have been effective – the number children of children entering foster care shrank from 405 children in FY2016,<sup>32</sup> to 360 children in FY2018,<sup>33</sup> to 217 children in FY2020.<sup>34</sup> The total number of children in foster care has also steadily decreased over the past ten years – from a high of 2,092 children in FY2010<sup>35</sup> to 693 children by the end of FY2020.<sup>36</sup>

*CFSA Needs to Incorporate Child Safety Guardrails into its Long-Term Vision for Prevention and Reduction of Removals*

Although we appreciate CFSA’s focus on prevention and alternatives to removal and support the agency’s goal to reduce the foster care population as much as possible, we are concerned that additional efforts are needed to ensure children’s safety is being adequately protected.

CFSA must track the safety of children whose investigations are closed due to diversion and ensure that diversion caregivers have the adequate supports they need to make the caregiving situation work in the long run. CFSA does not currently track how long children whose investigations are diverted remain with the designated caregiver or whether those children are returned to their parents by the designated caregiver.

CFSA also does not keep track of whether the designated caregiver or the parent is able to access the services CFSA refers them to, whether they are able to follow the safety plan developed as a prerequisite for diversion, or whether additional services and supports are required once the caregiver and the child adjust to the new living situation.<sup>37</sup>

CFSA published an administrative issuance detailing its diversion policies and procedures for the first time in July 2020.<sup>38</sup> Although this policy provides for tracking the number of children diverted and collecting some data around the circumstances of their case being diverted, the policy does not provide for any follow-up by CFSA with the child and their caregiver after the investigation is diverted. CFSA has explained to us that in practice, CFSA conducts a review of diversion data every six months, during which the agency examines whether there have been additional hotline reports for children whose cases were diverted pursuant to the diversion policy. While we are pleased that CFSA has this practice in place, and we encourage CFSA to include this practice in their written policy, we believe additional data collection and follow-up is needed in diversion cases.

CFSA should conduct follow-up and track outcomes for diversions similar to what the agency does for cases that are referred to Collaboratives or to the In-Home Services program. For these cases, CFSA tracks whether families are engaged in services; have additional substantiated reports while receiving services or within six

months of case closure; and whether there are instances of repeat maltreatment, court involvement, or removal.<sup>39</sup> In its oversight responses, CFSA notes that tracking this information helps the agency “better understand contributing factors that may lead to another occurrence of maltreatment and ways to prevent maltreatment from reoccurring.”<sup>40</sup> This reasoning applies to diversion cases as well and makes clear why CFSA must track outcomes for these children, too.

To be clear, we are not recommending follow-up for the purposes of burdening diversion caregivers with unnecessary government intrusions. Rather, CFSA should follow-up with children who have been diverted to ensure their caregiver has sufficient supports for the situation to be sustainable in the long run. Further, CFSA’s diversion policy should include an explicit requirement to explain the benefits and drawbacks of choosing to be a foster parent caregiver instead of a diversion caregiver to all potential diversion caregivers. Although diversion helps to keep children out of foster care, in some cases, caregivers may need the full support of the foster care system to provide adequate care for these children. In response to our raising this concern, CFSA committed to expanding the diversion policy checklist of services offered to potential diversion caregivers to include explaining the benefits and drawbacks of becoming a licensed foster parent.

CFSA should also provide a greater level of detail regarding the analyses undertaken in CFSA’s internal child fatality reviews. The goal of CFSA’s internal child



fatality review process is to reduce the number of preventable child deaths by understanding “the reasons behind the deaths of children who have intersected with the child welfare system.”<sup>41</sup> Each year, CFSA publishes an annual report that includes aggregated data and practice recommendations based on CFSA’s internal child fatality reviews over the past year.<sup>42</sup> Although this report provides high-level information regarding the nature of fatalities for CFSA-involved children, the report does not provide enough detail to determine whether and why the system failed these children.

For example, the most recent report notes that a little over half of the decedent families had CFSA involvement within 12 months of the fatality, and of those, approximately 70 percent had a Child Protective Services investigation within 12 months of the child fatality.<sup>43</sup> The report does not explain how many of those cases resulted in an abuse death vs. a non-abuse death, nor does it detail whether CFSA’s policies for handling those cases were followed properly or if there were problems related to how CFSA delivered its services to these families.

Further insight into CFSA’s interactions with these families would be helpful to determining whether our system, as designed, has gaps that need to be addressed; whether the system design is fine and we just need better implementation of existing policies and procedures; or whether these deaths were simply not preventable, even with perfect system design and implementation. In response to our raising these

concerns, CFSA expressed a willingness to explore ways to make CFSA's internal analysis of child fatalities more available – without compromising confidentiality.

As CFSA expands its focus on prevention and works to keep more children in their homes and communities with minimal intrusion by the government, the agency must develop guardrails in the form of policies, procedures, and data tracking and reporting that are explicitly designed to ensure children's safety is being adequately protected. We share and support CFSA's view that keeping children in their homes and communities is what is best for most children, but we urge CFSA to develop mechanisms for making sure we do not overlook the small number of children who may require a more intense level of involvement and intervention by CFSA.

### **CFSA Needs to Apply a Similar Long-Term Strategic Approach to Providing Better Services and Outcomes for Children in Foster Care**

Just as CFSA is a thought leader among child welfare agencies when it comes to prevention, we would like to see the agency apply the same long-term strategic thinking it uses for prevention work to the way it approaches meeting the needs of children who have been removed and are currently in CFSA's care and custody. Based on the experiences of our foster care clients, we believe the services and outcomes CFSA currently provides for children reflect a lack of long-term vision and big-picture perspective regarding our foster children's futures.

DC has a higher responsibility to children in foster care than simply keeping them alive until they turn twenty-one years old. We are responsible for ensuring these

children have the opportunity to achieve physical and mental health, succeed in school, live independently as adults, and build stable families of their own. To do this, CFSA – along with its sister agencies and the Council – must make long-term investments in both the effective implementation of the potentially successful models and programs CFSA has already put into place and the development of new strategies focused on addressing long-term issues and gaps in key service areas (placement, behavioral health, education, and preparation for independent living). The recently passed Ombudsperson for Children will be an effective tool to help CFSA, its sister agencies, and the Council identify and deliver on these investments.

*Placement: CFSA Increased Options in Placement Array This Year, But Critical Gaps Remain*

CFSA has taken several important steps towards improving its placement array over the past year. Recognizing the need for specialized therapeutic placements for children with high behavioral health needs, in December 2019, CFSA contracted with Children's Choice, a Maryland-based provider, to provide therapeutic placements for children with diagnosed behavioral health needs who are at risk of placement instability.<sup>44</sup> Children's Choice provides foster parents with specialized training and additional resources to support placement stability, including an in-house mental health services support team, in-house transportation services, and crisis intervention services available over the phone.

As part of the settlement agreement in *LaShawn v. Bowser*, CFSA also made commitments to develop a specialized psychiatric residential treatment facility (PRTF) for children and youth in foster care; establish a ten percent built-in surplus of foster care beds to facilitate better matching of children to appropriate homes; and dedicate a full-time staff person to building an appropriate placement array that will meet children's needs and reduce placement instability.<sup>45</sup>

Finally, as part of CFSA's response to the pandemic, CFSA contracted with Sasha Bruce to set up and staff a Community Respite Center designed to quarantine children in care who have been exposed to the coronavirus. Although the number of children who have used this facility to date remains quite low, we appreciate CFSA's proactive pandemic response in setting up the Community Respite Center.<sup>46</sup>

Despite these efforts by CFSA to address the placement crisis, however, the placement array is still not sufficient to meet the needs of DC's foster children. In FY2020, 22 children stayed overnight at CFSA's offices while waiting for a licensed placement.<sup>47</sup> Eight of CLC's clients have spent the night at CFSA's headquarters over the past year or so – with several of these clients spending multiple nights at the agency. In FY2020, 134 of the 693 children in CFSA's care (approximately 20 percent) experienced three or more placement changes.<sup>48</sup> This data point was nearly identical in FY2019, with approximately 22 percent of the children in CFSA's care experiencing three or more placement changes.<sup>49</sup> In FY2020, 50 children stayed at the Sasha Bruce

homeless shelter – with the majority of these children staying at the shelter for more than a week and three children staying at the shelter for more than a month.<sup>50</sup> Again, these data points are essentially the same as in FY2019.<sup>51</sup> In its most recent report, CFSA’s court monitor noted that placement instability continues to be an issue for CFSA, particularly for children recently entering care, reflecting CFSA’s continuing struggle to build an adequate placement array.<sup>52</sup>

These numbers, however, only tell part of the story. Placement stability data from CFSA and the court monitor only capture official placement changes – it does not capture other types of placement instability, including abscondence, acute hospitalizations, or respite.<sup>53</sup> These numbers also do not include instances where foster children are sent for extended home visits or are kept in hospitals or residential treatment facilities past their discharge dates because of CFSA’s inability to find an appropriate placement for them. We reviewed over 400 CLC cases from the past year or so and found instances of “unofficial” placement instability in nearly a quarter of them – including over 50 children who absconded from their placement (18 of these children absconded three or more times), 14 children placed in respite care because no other placement was available, 10 children sent for extended home visits because no other placement was available, and nine children kept at a residential facility past their discharge date due to a lack of placement options.<sup>54</sup>

CFSA's continued struggle to provide stable placements for foster children reflects, in part, problems with effective implementation of strategies and programs CFSA has already put in place. Although CFSA contracted with Children's Choice with the intent to increase the availability of therapeutic placements for children with high behavioral health needs, our experiences with Children's Choice placements have been mixed. Some of the homes our clients have been placed in have not been able to meet their behavioral health needs – and some have been simply inappropriate from the start. Further, Children's Choice has experienced high staff turnover and inadequate staffing in our cases – leading to problems with communication, coordination, and effective implementation of therapeutic supports and services. While we appreciate that Children's Choice and CFSA are working to address these issues, which are due, in part, to pandemic conditions, the impact on our clients is still problematic. More broadly, high levels of placement disruption and instability reflect continued problems with matching children with appropriate placements, poor communication with and preparation of resource families, and inadequate services to support placement.

CFSA's goals with respect to placement are the right ones – to expand the placement array to include more therapeutic placements and to provide for better matching. Better implementation of current programs is required for them to be effective and truly resolve our placement crisis. More comprehensive data tracking that includes other forms of placement instability – including abscondence, use of respite

care, and extended home and hospital stays – would help CFSA identify and better understand the gaps in its current placement array. CFSA must also continue to develop new strategies to address the placement crisis. Rather than viewing foster care placement as an emergency service, we need thoughtful long-term strategic investments that support successful and stable placements for all foster children.

*Behavioral Health: CFSA Recognizes the Need for Behavioral Health Supports, But Is Unable to Fully Meet These Needs Without Better Support from the Department of Behavioral Health*

Adequate behavioral health supports are critical to placement stability – children with unmet behavioral health needs are the most likely to experience placement disruption. CFSA recognizes the importance of behavioral health services and has worked to provide access to these services for foster children and their families (resource and birth) over the past year. As noted above, CFSA contracted with Children’s Choice in order to have placement options with built-in behavioral health supports. Pursuant to the *LaShawn* settlement agreement, CFSA established an in-house behavioral health team that includes four therapists, a clinical supervisor, and a psychiatric nurse practitioner.<sup>55</sup> CFSA also contracts with MBI to provide therapeutic services for foster children.<sup>56</sup>

CFSA also recently launched the REACH Support Line (RSL), which is a telephone-based intervention that provides after-hours support to resource parents and youth experiencing behavioral, emotional, or family dynamic challenges.<sup>57</sup> RSL staff are

trained to help in an engaging, collaborative, and advocacy-based manner.<sup>58</sup> Crisis intervention services can be an effective way to support placement stability and help families address behavioral health challenges at home.

Despite CFSA's efforts, however, the behavioral health needs of DC's foster children are not being met. High rates of placement disruption and instability reflect high levels of unmet behavioral health needs amongst our foster population. In both FY2020 and FY2019, CFSA reported that approximately half of the middle-school-aged children in CFSA's care were psychiatrically hospitalized.<sup>59</sup> Our own clients' experiences confirm that it is a struggle for foster children to access behavioral health services. Many of our clients in foster care struggled to access behavioral health services over the past year – from individual and family therapy sessions, to medication management appointments, to intensive outpatient mental health services. More often than not, the problem was a lack of providers – either the service needed was unavailable, or the waitlist for an appropriate provider was prohibitively long. Further, high turnover among behavioral health providers negatively impacted our clients' ability to maintain consistent services.

Although CFSA has some policies and programs in place to address foster children's behavioral health needs, these policies are not consistently followed. For example, CFSA has detailed policies and procedures regarding the collection, documentation, and distribution of behavioral health information between biological



families, social workers, and resource families.<sup>60</sup> In practice, however, resource families are often left in the dark about the behavioral health histories and needs of their foster children. This results in children not receiving the treatment and intervention services they need. Further, because resource parents are not adequately prepared to meet the needs of their foster children, this often results in disruption as well.

Further, CFSA's in-house behavioral health team and contracts with MBI and other services providers are intended to ensure all children in CFSA's care receive timely mental health screenings, assessments, and services. Yet CFSA's oversight responses reveal that some children are not receiving the screenings and assessments they are supposed to, that there are long delays between screenings and the delivery of services, and that some children are deemed ineligible for assessments and services provided by CFSA (without clarity as to why).<sup>61</sup>

To better meet the behavioral health needs of foster children, CFSA must first address implementation problems with its existing behavioral health policies and programs and ensure Children's Choice is able to deliver the therapeutic care our high-needs children require. CFSA must also develop new strategies focused on supporting the long-term behavioral health of foster children – beyond a reactive approach focused on dealing with crises and emergencies.

To do this, CFSA needs DBH and DHCF to take ownership of and invest in a comprehensive behavioral health system that can meet the needs of all children –

including foster children. DC's behavioral health system for children currently lacks both breadth and depth – it does not include the full spectrum of services our children need, and for the services we do have, the capacity is insufficient to meet the need.

For example, children who undergo mental health screenings and assessments by the CFSA in-house team are often referred to DBH for behavioral health services. In FY2020, 141 children and youth involved in foster care were referred for mental health assessments and treatment through DBH.<sup>62</sup> In FY2020, DBH reported that for children involved in the foster care system, the average number of days between identifying children as needing mental health services and providing them with those services was an astounding 41 days.<sup>63</sup> When you add the time it takes for CFSA to complete the initial screening and assessment, a foster child that is identified as needing services from DBH waits on average 69 days before beginning services.<sup>64</sup> DBH has significant work to do to decrease the long wait times children in foster care are experiencing when they are being connected with behavioral health services.

Additionally, there are no psychiatric residential treatment facilities (PRTFs) in the DC area. Each year, dozens of foster children are sent all over the country to access PRTF services because we have no local PRTFs.<sup>65</sup> Being sent to PRTFs far from home can be traumatizing for children and painful for families – it also creates obstacles to reunification. Further, foster children often experience long delays before they can be

admitted to PRTFs, which causes significant instability and mental health harm for the child and their family.<sup>66</sup>

DC's system also lacks sub-acute and partial hospitalization programs for foster children who need intervention but don't require hospitalization or a residential program. When children are forced to spend nights at CFSA's offices or at the Sasha Bruce homeless shelter, it is often because those sub-acute options are not available. We must hold DBH accountable for its part in ensuring DC's foster children have access to the behavioral health services they need. Similarly, DHCF must ensure the behavioral health needs of children – and foster children in particular – are prioritized as it continues to transition DC to a fully managed care Medicaid program.<sup>67</sup>

Navigating DC's Medicaid program and behavioral health system and their connections to our foster care system is complicated. The Ombudsperson for Children will be able to both help individual children and families navigate the interagency issues that arise when seeking behavioral health services and also assist CFSA, DBH, and DHCF with developing effective long-term joint strategies for meeting the behavioral health needs of foster children.

*Education: CFSA Worked to Support Foster Children During Remote Learning, But Persistent Engagement and Achievement Struggles Remain*

We commend CFSA for its efforts over the past year to coordinate with schools to support students as they made the transition to virtual learning. From the start of the pandemic, CFSA supported foster youth who needed a device to access distance

learning. Additionally, CFSA has piloted a program that creates learning hubs for foster youth.<sup>68</sup> These hubs establish small groups of similarly-aged foster care students in the home of a resource parent who volunteers to oversee virtual instruction during school hours. While still in its pilot phase, this creative solution addresses a critical issue that has affected placement stability throughout the pandemic. Many of DC's resource parents work jobs that lack the flexibility to work from home. For these families, it has been particularly difficult to oversee and support virtual instruction. The learning hub pilot program is a wonderful resource for foster families, and we hope that CFSA will expand this offering as distance learning continues in the months to come. Finally, CFSA worked closely with DCPS and OSSE to coordinate the logistics around foster children being offered seats in CARES and In-Person Learning classrooms in Terms 2 and 3. Despite these efforts, individual schools still struggled to connect with the correct caregivers of children in foster care when making offers to return to school. Most of our eligible clients, however, ultimately received offers to return to classrooms by Term 3.<sup>69</sup>

While we recognize the ways in which CFSA pivoted to support youth in foster care throughout pandemic learning, we must also recognize the persistent achievement gap that too often leaves foster youth behind. Consistently, foster youth have high rates of truancy,<sup>70</sup> low rates of graduation,<sup>71</sup> low GPAs,<sup>72</sup> and low engagement with aftercare services.<sup>73</sup> One of CFSA's central responsibilities is to prepare youth in its care for

successful adulthood. A key element of this transition is an education sufficient to enter post-secondary education and/or the workforce. CFSA must broaden their perspective with regard to education for foster youth. Specifically, it is crucial that education not be seen as a secondary concern but rather as a key component to stability, social and emotional development, and preparation for independence – all of which are necessary prerequisites for long-term success in adulthood.

Evidence from CFSA's oversight responses in previous years shows how the academic needs of students in care predates the pandemic. In FY2019, among foster children in grades 3-8, only 5% met or exceeded expectations in math, and only 12% met or exceeded expectations in reading.<sup>74</sup> The data are even worse for older youth. Among high school students in foster care, only 2% met or exceeded expectations in math, and only 5% met or exceeded expectations in reading.<sup>75</sup> However, in the same year, data demonstrated that foster youth who received at least six months of in-home tutoring saw significant academic gains in both reading and math.<sup>76</sup> As learning loss due to the pandemic pushes at-risk students even farther behind their peers, we believe it will be necessary for CFSA to increase offerings of high-dose tutoring for foster youth. We hope that budget and support for the in-home tutoring program will be available in the months to come.

We recognize, however, that CFSA cannot improve educational outcomes for foster children without help from its sister agencies, DCPS and OSSE. DC's educational

agencies and charter LEAs must be held responsible for developing specific strategies to meet the educational needs of foster children and youth. In addition to CFSA, these sister agencies must also own and be invested in academic success for foster children.

The Ombudsperson for Children will be an important tool for foster youth and families in DC who seek case-level support in their dealings with vast and complicated networks of administrative bureaucracies. We believe that this forum for support will be particularly useful for families who come across barriers to services that involve multiple agencies. Take, for example, a foster youth who has experienced multiple placement changes that have disrupted their special education services. Problem-solving for this youth will likely require coordination between CFSA, DCPS (or a charter LEA), and OSSE. The Ombudsperson will be uniquely situated to undergo the necessary fact-finding and agency coordination to address the needs of this student.

The creation of the Ombudsperson for Children is just one example of an innovative strategy needed to support the long-term success of kids in foster care. We urge CFSA and its sister agencies to work together to develop additional new strategies focused on improving educational outcomes for foster children in the long-run.

*Preparation for Independent Living: CFSA Supported Extended Care for Older Youth During the Pandemic, But Programs for Older Youth Are Insufficient*

DC has long been ahead of other jurisdictions in offering extended foster care to youth age 18-21. This past year, thanks to the leadership of this Committee and

Chairperson Nadeau and with the support of CFSA, the Council passed legislation that gives youth who would otherwise “age out” of care during the pandemic the option of staying in foster care for up to 90 days after the end of the public health emergency.<sup>77</sup>

Giving older youth additional time to prepare for this critical transition during this exceptionally challenging time has provided much relief for many of our clients. Out of the 18 clients we have who turned 21 during the pandemic, all except one elected to remain in care pursuant to the new law. Many of these foster youth expressed heightened feelings of anxiety and stress due to the pandemic, which derailed the plans of many young adults preparing for independence after foster care. The extra time in care that DC is now offering to those who turn 21 during the pandemic has been lifechanging.

Extended care, however, only delays the point in time at which these youth will have to face the significant challenges of transitioning out of foster care and into independent living – challenges which include finding employment, securing housing, and paying for rent and transportation. Unfortunately, many of the programs and services offered to foster youth through CFSA’s Office of Youth Empowerment (OYE) simply fail to sufficiently prepare them for independent living. For example, of the 42 youth who aged out in FY2020, 5 had full-time jobs, 9 had part-time jobs, and the rest, 28 youth, were unemployed.<sup>78</sup> Also, very few of these 42 youth were able to find independent living situations. Excluding the 17 who stayed in extended care, only 3

had their own apartment, and another 3 were in a college dorm or in a DDS placement.<sup>79</sup> The rest were all in temporary situations – including staying with family and friends, living in transitional housing, in abscondence, and incarceration.<sup>80</sup> In particular, we believe OYE needs to re-evaluate its approach to financial literacy, workforce readiness, and housing stability for foster youth.

### Financial Literacy

The only financial literacy programming offered by OYE is the Making Money Grow (MMG) program administered by Capital Area Asset Builders (CAAB). This program consists of just one required financial literacy orientation upon entry into the program. From there, youth are able to make deposits into an escrow account, which are then matched by the Agency up to a certain annual limit. Youth can withdraw their savings for a limited number of purposes including:

- Education: Tuition, textbooks, and school fees
- Housing: Security deposits, rent or a down payment on a home
- Vehicle expenses: car, insurance, taxes and fees
- Start-up business pursuits
- Healthcare, health insurance or other medical expenses<sup>81</sup>

While these limitations may have theoretical benefits that support making smart financial decisions, in practice, they create a number of administrative hurdles that impact a youth's willingness to continue participating in the program. For example, if a



youth were to try to buy a used car with their savings, they must first submit the withdrawal request to the CAAB program administrator for MMG, CAAB forwards that request to CFSA for approval, the youth then has to wait for approval by CFSA, and then, if approved, try to get a check issued by the bank to the payee before that person sells the car to someone else. From our clients' experiences, these unnecessary delays often make this program too cumbersome for foster youth to find valuable.

In addition to the administrative hurdles involved in the MMG program, there is little financial literacy curriculum taught to the youth who participate. Each participant must undergo an orientation upon opening their account, but this educational programming is only required once and is not scaled to be developmentally appropriate for different ages of youth who are eligible to participate. From their website, it appears that CAAB offers a variety of financial literacy courses to the public. Perhaps these courses could be offered to foster youth on a regular basis through OYE.

Whether by broadening the MMG program or by investing in other financial literacy programs for older youth, it is absolutely essential that OYE create more and better opportunities for youth in care to develop the financial capabilities that they will need to successfully navigate adulthood, particularly in a city like DC with a high cost of living. Without basic financial literacy knowledge and capabilities, youth are not being adequately prepared for how to manage their income and expenses upon

independence. This is likely to lead to housing insecurity and the domino effect of poor outcomes that follow.

### Workforce Readiness

In addition to financial literacy, workforce readiness is a necessary element of preparing youth for adulthood and independence. Work experience can also help youth improve their academic performance and engagement, as well as prepare them for college. CFSA offers little programming directed specifically at developing meaningful work experience in youth in its care. In FY2019, the agency ended the Career Pathways program because it “was not yielding the positive outcomes that CFSA wanted and youth deserved.”<sup>82</sup>

In April of 2019, CFSA began implementation of the YVLifeset program, funded by a three-year grant from Youth Villages, Inc.<sup>83</sup> In FY2020, 61 youth were enrolled in the YVLifeset program, and in FY2021 to date, 27 youth are enrolled.<sup>84</sup> In FY2019, CFSA noted that 100% of youth involved in the early phases of program implementation reported that they were satisfied with the help that YVLifeset provided in helping them meet their independent living goals.<sup>85</sup> This high satisfaction with the YVLifeset program continued in FY2020 – of the 61 youth enrolled in the program, only one case was closed, and only one youth withdrew or disengaged from services.<sup>86</sup> Additionally, Youth Villages commissioned an independent evaluation of their program, which found statistically significant impacts in three domains – employment and earnings,

housing stability and economic well-being, and health and safety.<sup>87</sup> However, YVLifeset is not explicitly a workforce readiness program, and we believe that OYE ought to invest more heavily in connecting older youth to job training or professional development programming.

An additional workforce development program is available to foster youth in DC through the Summer Youth Employment Program (SYEP). In FY2020, only about one-third of foster youth in care aged 14-24 participated in SYEP.<sup>88</sup> While this program is not limited to foster youth, we urge CFSA to help eligible youth apply and participate in this program to earn money and acquire meaningful work experience during the summer.

### Housing Stability

A significant concern for older youth in care is ensuring safe and stable housing upon their exit from care. As part of CFSA's focus on prevention, they have established the Rapid Housing Assistance Program (RHAP). Through this program, youth aging out of care are eligible to apply for RHAP to prevent eviction, cover security deposits, and assist with rent payments. However, per CFSA's FY2020 Oversight Responses, only 24 youth applied for RHAP and, of those, only 22 received assistance.<sup>89</sup>

In addition to RHAP, CFSA offers three other supportive housing programs for youth aging out of care.<sup>90</sup> However, these programs are limited to specific subpopulations of youth. The Wayne Place Project is for youth transitioning out of a

psychiatric residential treatment facility (PRTF) or who otherwise need intensive behavioral health supports. The other two programs, Genesis and the Mary Elizabeth House, are designed to support transitional living for pregnant and parenting youth.<sup>91</sup>

While each of these programs provides important supports for youth transitioning out of care, they are insufficient to meet the needs of all youth. From our research into the YVLifeset program, there are promising signs that this option will increase housing stability for youth who participate in the program. However, until we receive more data from the Agency, it is difficult to know whether the program is being implemented with fidelity and having the desired impact on outcomes for participating youth.

### Planning for the Future

DC is not unique in our struggle to improve outcomes for youth who emancipate from foster care. This is a challenge faced by child welfare systems across the country. Data identifying best practices is hard to find. There are specific changes, however, that CFSA could make to refocus efforts and intentions with regard to older youth in care.

First, we believe that CFSA needs to develop a greater willingness to accept Another Planned Permanent Living Arrangement (APPLA) as a permanency goal for older youth in care. From our experience representing children in care, we have repeatedly noted an institutional resistance to creating case plans with an APPLA permanency goal. OYE notes:

“Everyone needs and deserves a family. The first obligation is to find permanent homes with care people for youth in care through reunification with their birth families, legal guardianship (often with relatives), or adoption. At the very least, every young person in care should have a relationship with a caring adult committed to providing life-long guidance and support. Rekindling family or forging new, lasting relationships for these young people is critical”<sup>92</sup>

While we support this perspective and believe it to be a noble long-term goal for an agency focused on the prevention of system involvement, the perfect seems to have become the enemy of the good. Rather than seeing APPLA as some sort of failure on the part of the Agency, we believe the Agency should reconceptualize these goals as consistent with the core duty of any parent or guardian – to raise a child who is able to be a successfully independent adult. APPLA goals can contain all of the other desires we have for children – financial literacy, educational goals, workforce readiness, housing stability, and other independent living outcomes. When APPLA is understood as a failure by the Agency, it cannot help but be read as a failure by the child when, in fact, it is exactly what we hope for all our children – that we have prepared them such that they can live on their own and thrive.

Additionally, in order to support success for older youth who exit care, CFSA must first develop metrics to measure the long-term outcomes of youth who exit care through emancipation. It is critical that the day of a youth’s emancipation is not the last time we check-in with them. We cannot assess the effectiveness of programming on

outcomes for these youth if we do not have a mechanism by which we track and measure those outcomes.

## Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

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<sup>1</sup> Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

<sup>2</sup> Lawyers in Children’s Law Center Guardian *ad litem* (GAL) program represent children who are the subject of abuse and neglect cases in DC’s Family Court. GAL attorneys advocate for DC’s abused and neglected children, fighting to find safe homes and ensure that children receive the services they need to overcome the trauma that first brought them into the child welfare system. DC Children’s Law Center, About Us, available at: <https://www.childrenslawcenter.org/content/about-us>.

<sup>3</sup> The term “protective supervision” means a legal status created by Division order in neglect cases whereby a minor is permitted to remain in his home under supervision, subject to return to the Division during the period of protective supervision. D.C. Code § 16-2301(19).

<sup>4</sup> CFSA has eight core values: (1) All children and youth have the right to be safe; (2) Families have the right to be understood, valued, encouraged, and empowered. Families always have a voice in decisions that affect them; (3) Community partnerships are essential to keeping children and youth safe; (4) Our child welfare practice and services draw on inherent strengths to help children, youth, and families achieve positive outcomes; (5) Children and youth deserve opportunities to grow, develop, be physically and mentally healthy, learn, and prepare for successful adulthood; (6) Children and youth have an urgent need to achieve permanence as quickly as possible with a family who loves them unconditionally; (7) Children, youth, and families deserve understanding and respect within the context of their history, traditions, and culture; and (8) Best practices and continuous quality improvement throughout the child welfare system support making a positive difference in the lives of those we serve.

Child and Family Services Agency, About CFSA, available at: <https://cfsa.dc.gov/page/about-cfsa>.

<sup>5</sup> Casey Family Programs, *Q&A with Brenda Donald, Director, District of Columbia Child and Family Services Agency* (April 6, 2020), retrieved from: <https://www.casey.org/brenda-donald-q-and-a/>.

<sup>6</sup> *Office of the Ombudsperson for Children*, DC Act 23-617.

<sup>7</sup> In FY2020, 216 child entered care; In FY2019, 387 children entered care; In FY2018, 360 children entered care; In FY2017, 346 children entered care; and In FY2016, 405 children entered cared. CFSA, *Annual Report FY2020*, 24, available at:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA%20Annual%20Public%20Report%20FY2020\\_FINAL\\_01-25-21.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA%20Annual%20Public%20Report%20FY2020_FINAL_01-25-21.pdf); CFSA FY2019 Performance Oversight Responses, response to Q25, available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2018 Performance

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Oversight Responses, response to Q21, *available at:* <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>; CFSA FY2017 Performance Oversight Responses, response to Q15, *available at:* <https://dccouncil.us/wp-content/uploads/2018/10/cfsa.pdf>; and CFSA FY2016 Performance Oversight Responses, Q16, *available at:* [https://dccouncil.us/wp-content/uploads/2018/budget\\_responses/CFSA\\_FY16-17\\_Pre-HearingPerformanceOversightHearing\\_Responses.pdf](https://dccouncil.us/wp-content/uploads/2018/budget_responses/CFSA_FY16-17_Pre-HearingPerformanceOversightHearing_Responses.pdf).

<sup>8</sup> CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center.

<sup>9</sup> CFSA, *Putting Families First in DC*, October 22, 2019, 2, *retrieved from:* [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC\\_CFSA%20FFPSA\\_Title%20IV-E\\_Prevention%20Plan\\_Final\\_APPROVED\\_Offical%20Copy.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC_CFSA%20FFPSA_Title%20IV-E_Prevention%20Plan_Final_APPROVED_Offical%20Copy.pdf).

<sup>10</sup> Judith Sandalow, Children's Law Center, *Testimony Before the District of Columbia Council Committee of Human Services*, (February 12, 2020), *available at:* <https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/JSandalow%20CFSA%20FY2019%20Oversight%20Testimony%20FINAL.pdf>. *See also* CFSA, *The Children's Bureau Approves DC Child and Family Services Agency's Federal Family First Prevention Plan* (October 30, 2019), PRESS RELEASE, *available at:* <https://cfsa.dc.gov/release/children%E2%80%99s-bureau-approves-dc-child-and-family-services-agency%E2%80%99s-federal-family-first>.

<sup>11</sup> CFSA, *Putting Families First in DC* (Oct. 22, 2019), 13, *available at:* [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan\\_Amended%209.8.20.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan_Amended%209.8.20.pdf).

<sup>12</sup> *Id.* at 5.

<sup>13</sup> *Id.*

<sup>14</sup> CFSA *Putting Families First in DC*, *Families First DC Snapshot* (Accessed February 19, 2021), *available at:* [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page\\_content/attachments/FFDC\\_Fact%20Sheet\\_wgrantees.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/FFDC_Fact%20Sheet_wgrantees.pdf).

<sup>15</sup> *Id.* Family Success Centers Ward 7 neighborhoods/grantees: (1) Benning Terrace/Benning Park: East River Family Strengthening Collaborative; (2) Clay Terrace: Sasha Bruce; (3) Mayfair/Paradise: North Capital Collaborative (Project Uplift); (4) Stoddart Terrace/37th St.: Life Deeds; and (5) Benning Rd. & Minnesota Ave.: East River Family Strengthening Collaborative. Family Success Centers Ward 8 neighborhoods/grantees: (1) Woodland Terrace: Smart from the Start; (2) Anacostia: Martha's Table; (3) Congress Heights: Far Southeast Family Strengthening Collaborative; (4) Washington Highlands: A Wider Circle; and (4) Bellevue: Community of Hope.

<sup>16</sup> CFSA FY2020 Performance Oversight Responses, response to Q58(a), *available at:* [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>17</sup> CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center; *See* New Hampshire Children's Trust, *Thriving Families, Safer Children: A National Commitment to Wellbeing* (Sept. 10, 2020), *retrieved from:* <https://www.nhchildrenstrust.org/post/thriving-families-safer-children-a-national-commitment-to-well-being>.

<sup>18</sup> CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center; Casey Family Programs, *First-of-its-kind National Partnership Aims to Redesign Child Welfare into Child- and Family Well-being Systems* (Sept. 9, 2020), *retrieved from:* <https://www.casey.org/thriving-families-safer-children/>.

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> CFSA, *In-Home Services Policy* (May 30, 2019), Section VI. Sections, Section A: Criteria for Opening an In-Home Services Case, 2, *available at:*

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[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program\\_Policy\\_In-Home\\_Services\\_FINAL.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_In-Home_Services_FINAL.pdf).

<sup>22</sup> *Id.* at Section IV. Policy, 1.

<sup>23</sup> *Id.*

<sup>24</sup> CFSA, Diversion Process at Investigations Policy (July 13, 2020), *available at*:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI\\_-\\_Diversion\\_Process\\_at\\_Investigations\\_Final\\_July\\_2020\\_3.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI_-_Diversion_Process_at_Investigations_Final_July_2020_3.pdf).

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

<sup>27</sup> CFSA, Grandparent Caregivers Program, *available at*: <https://cfsa.dc.gov/publication/program-grandparent-caregivers-program>.

<sup>28</sup> CFSA, Close Relative Caregiver Pilot Program, *available at*: <https://cfsa.dc.gov/publication/ai-close-relative-caregiver-pilot-program>.

<sup>29</sup> CFSA FY2019 Performance Oversight Responses, response to Q82, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

<sup>30</sup> CFSA FY2020 Performance Oversight Responses, response to Q73, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>31</sup> Epsetin, Heidi Redlich, *Kinship Care is Better for Children and Families*, American Bar Association (July 1, 2017), *retrieved from*:

[https://www.americanbar.org/groups/public\\_interest/child\\_law/resources/child\\_law\\_practiceonline/child\\_law\\_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families](https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families).

<sup>32</sup> CFSA FY2016 Performance Oversight Responses, response to Q16, *available at*: [https://dccouncil.us/wp-content/uploads/2018/budget\\_responses/CFSA\\_FY16-17\\_Pre-HearingPerformanceOversightHearing\\_Responses.pdf](https://dccouncil.us/wp-content/uploads/2018/budget_responses/CFSA_FY16-17_Pre-HearingPerformanceOversightHearing_Responses.pdf).

<sup>33</sup> CFSA FY2018 Performance Oversight Responses, response to Q21, *available at*: <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>.

<sup>34</sup> CFSA FY2020 Performance Oversight Responses, response to Q30, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>35</sup> CFSA, *Putting Families First in DC*, October 22, 2019, 6, *retrieved from*:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC\\_CFSA%20FFPSA\\_Title%20IV-E\\_Prevention%20Plan\\_Final\\_APPROVED\\_Offical%20Copy.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC_CFSA%20FFPSA_Title%20IV-E_Prevention%20Plan_Final_APPROVED_Offical%20Copy.pdf)

<sup>36</sup> CFSA, *Annual Report FY2020*, 5, *available at*:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA%20Annual%20Public%20Report%20FY2020\\_FINAL\\_01-25-21.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA%20Annual%20Public%20Report%20FY2020_FINAL_01-25-21.pdf).

<sup>37</sup> CFSA FY2020 Performance Oversight Responses, response to Q65, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>38</sup> CFSA, Diversion Process at Investigations Policy (July 13, 2020), *available at*:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI\\_-\\_Diversion\\_Process\\_at\\_Investigations\\_Final\\_July\\_2020\\_3.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI_-_Diversion_Process_at_Investigations_Final_July_2020_3.pdf).

<sup>39</sup> CFSA FY2020 Performance Oversight Responses, response to Q31(e), *available at*:

[https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>40</sup> *Id.*

<sup>41</sup> CFSA, Child Fatality Review Policy (January 6, 2020), Section III. Rational, 1, *available at*:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program\\_Child\\_Fatality\\_Review%20Policy\\_%28Final\\_2020%29.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Child_Fatality_Review%20Policy_%28Final_2020%29.pdf).

<sup>42</sup> CFSA, *Child Fatalities: Statistics, Observations, and Recommendations 2019*, *available at*:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2019\\_Annual\\_Child\\_Fatality\\_Review\\_Report\\_vF\\_-\\_11.19.20.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2019_Annual_Child_Fatality_Review_Report_vF_-_11.19.20.pdf).



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<sup>43</sup> *Id.* at 8.

<sup>44</sup> CFSA FY2019 Performance Oversight Responses, responses to Q88(e), Q97(l), Q106(d), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

<sup>45</sup> *LaShawn A. v. Bowser*, Civil Action No. 89-1754 (TFH) Settlement Agreement (August 2020), *available at*: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Aug%202020%20LaShawn%20A%20v%20Bowser%20Settlement%20Agreement%20%28Fully%20Executed%29.pdf>.

<sup>46</sup> CFSA FY2020 Performance Oversight Responses, response to Q24, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf) (to date, 18 children have utilized the respite center during the public health emergency).

<sup>47</sup> CFSA FY2020 Performance Oversight Responses, response to Q87, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>48</sup> CFSA FY2020 Performance Oversight Responses, response to Q82, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>49</sup> CFSA FY2019 Performance Oversight Responses, response to Q92(a), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>

<sup>50</sup> CFSA FY2020 Performance Oversight Responses, response to Q88, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>51</sup> CFSA FY2019 Performance Oversight Responses, response to Q102(c), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

<sup>52</sup> Center for Study of Social Policy, *Lashawn A. v. Bowser* Progress Report for The Period April 1 – December 31, 2019. 54-57, *available at*: <https://cssp.org/wp-content/uploads/2020/06/LaShawn-A-v.-Bowser-Report-for-the-Period-of-April-1-December-31-2019.pdf>.

<sup>53</sup> CFSA, Placement and Matching Policy, Section VII. Guidelines, Section A(2)(b), 3, *available at*: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Placement%20and%20Matching%20%28final%20-%202014%29\\_0.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Placement%20and%20Matching%20%28final%20-%202014%29_0.pdf). *See also* CFSA FY2020 Performance Oversight Responses, response to Q82 (note), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf) (placement types of Hospital (Non-Paid), Abscondence, College and Respite Care are not included in the count of placements).

<sup>54</sup> For years, we have shared with this committee the research about the traumatic impact that placement disruptions can have on youth in care. It is not uncommon for youth in care to experience significant behavioral and emotional health decline when they must move to a new foster parent. When foster children are bounced from foster home to foster home, they struggle to form healthy attachments to adults, which in turn makes it harder for them to be open to the prospect of reunifying with their parents or being adopted by their foster parents. For the sake of the permanency and wellbeing of the children in its care, CFSA must improve placement stability. *See* Judith Sandalow, Children’s Law Center, *Testimony Before the District of Columbia Council Committee of Human Services*, (February 12, 2020), *available at*: <https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/JSandalow%20CFSA%20FY2019%20Oversight%20Testimony%20FINAL.pdf>; *see also* Center for Study of Social Policy, *Lashawn A. v. Bowser* Progress Report for The Period April 1 – December 31, 2019. 54-57, *available at*: <https://cssp.org/wp-content/uploads/2020/06/LaShawn-A-v.-Bowser-Report-for-the-Period-of-April-1-December-31-2019.pdf>.

<sup>55</sup> *LaShawn A. v. Bowser*, Civil Action No. 89-1754 (TFH) Settlement Agreement (August 2020), *available at*: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Aug%202020%20LaShawn%20A%20v%20Bowser%20Settlement%20Agreement%20%28Fully%20Executed%29.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q38, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf) (In FY2020, this team provided individual therapy services for 90 foster children and conducted mental health evaluations for 67 children).

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<sup>56</sup> 30-year old Class Action Case Wrapping Up in DC, Child Welfare Monitor DC (Sept. 14, 2020), available at: <https://childwelfaremonitordc.org/2020/09/14/30-year-old-class-action-case-wrapping-up-in-dc>. See also CFSA FY2019 Performance Oversight Responses, response to Q15, available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

<sup>57</sup> CFSA, *Fostering Connections Monthly Newsletter* (Nov. 12, 2020), available at: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page\\_content/attachments/OPI\\_11-12-2020\\_Fostering%20Connections%20newsletter%20%28November%202020%29.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/OPI_11-12-2020_Fostering%20Connections%20newsletter%20%28November%202020%29.pdf). See also CFSA FY2020 Performance Oversight Responses, response to Q37(b)-(d), available at: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>58</sup> *Id.*

<sup>59</sup> CFSA FY2019 Performance Oversight Responses, response to Q31(e), available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q36(e), available at: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>60</sup> See CFSA, Family Team Meetings, available at: <https://cfsa.dc.gov/publication/program-family-team-meetings> (“Family team meetings are structured planning and decision-making meetings that use skilled and trained facilitators to engage families, family supports, and professional partners in creating plans for children’s safety and in laying the groundwork for permanency.”); see also CFSA, Placement and Matching Policy, Section VII. Procedures, Procedure F: General Placement Procedures (11), 15, available at: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Placement%20and%20Matching%20%28final%20-%20202014%29\\_0.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Placement%20and%20Matching%20%28final%20-%20202014%29_0.pdf).

<sup>61</sup> CFSA FY2019 Performance Oversight Responses, response to Q31, available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q36(b) and (d), available at: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>62</sup> DBH FY2020 Performance Oversight Responses, response to Q20. See also, CFSA FY2020 Performance Oversight Responses, response to Q36(a), available at: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>63</sup> *Id.*

<sup>64</sup> CFSA FY2020 Performance Oversight Responses, response to Q36(d), available at: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf); DBH, FY2020 Performance Oversight Responses, response to Q20.

<sup>65</sup> CFSA FY2020 Performance Oversight Responses, response to Q36(g), available at: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf); CFSA FY2019 Performance Oversight Responses, response to Q31(g), available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>. CFSA FY2018 Performance Oversight Responses, response to Q34(f), available at: <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>. CFSA FY2017 Performance Oversight Responses, response to Q23(f), available at: <https://dccouncil.us/wp-content/uploads/2018/10/cfsa.pdf> (In FY2017 32 children spent time in a PRTE, 28 children in FY2018, 23 children in FY2019, and 28 children in FY2020).

<sup>66</sup> DC Children’s Law Center, *Resource Guide: Psychiatric Hospitalization in the District of Columbia*, available at: <https://www.childrenslawcenter.org/sites/default/files/attachments/resources/5.%20Inpatient%20Hospitalization%20%26%20Psychiatric%20Residential%20Treatment%20Facilities.pdf>.

<sup>67</sup> Children’s Law Center, Children’s National, et. al., *Addressing Children’s Behavioral Health Needs Through Changes to DC’s Medicaid Program*, (February 2020), retrieved from: <https://www.childrenslawcenter.org/resource/Addressing-Children-Behavioral-Health-Needs-Through-Changes-to-DC-Medicaid-Program>.

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- <sup>68</sup> CFSA FY2020 Performance Oversight Responses, response to Q23, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>69</sup> Many of our clients were unable to accept these offers due to various circumstances.
- <sup>70</sup> OSSE, Attendance Report School Year 2019-2020 (Nov. 30, 2020), 27, *available at*: <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019-20%20Attendance%20Report.pdf>.
- <sup>71</sup> CFSA FY2019 Performance Oversight Responses, response to Q130, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q101, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf) (In FY19, the graduation rate was 73% and in FY20, the graduation rate was 69%).
- <sup>72</sup> CFSA FY2019 Performance Oversight Responses, response to Q181, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q101(e), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>73</sup> CFSA FY2019 Performance Oversight Responses, response to Q137, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>; CFSA FY2020 Performance Oversight Responses, response to Q112, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>74</sup> CFSA FY2019 Performance Oversight Responses, responses to Q46(a), (b), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>. Standardized testing data from Spring 2020 is not available due to the pandemic see CFSA FY2020 Performance Oversight Response, responses to Q50(a), (b), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>75</sup> *Id.*
- <sup>76</sup> CFSA FY2019 Performance Oversight Responses, response to Q46(c), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.
- <sup>77</sup> D.C. Code § 16-2303(b).
- <sup>78</sup> CFSA FY2020 Performance Oversight Responses, response to Q113(c), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>79</sup> CFSA FY2020 Performance Oversight Responses, response to Q113(d), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>80</sup> CFSA FY2020 Performance Oversight Responses, response to Q113, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>81</sup> Office of Youth Empowerment, *Making Money Grow*, *available at* [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/service\\_content/attachments/OYE%20Making%20Money%20Grow.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/service_content/attachments/OYE%20Making%20Money%20Grow.pdf).
- <sup>82</sup> CFSA FY2019 Performance Oversight Responses, response to Q131, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.
- <sup>83</sup> *Id.*
- <sup>84</sup> CFSA FY2020 Performance Oversight Responses, response to Q96, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>85</sup> CFSA FY2019 Performance Oversight Responses, response to Q125, *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.
- <sup>86</sup> CFSA FY2020 Performance Oversight Responses, response to Q26(i), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).
- <sup>87</sup> Erin Jacobs Valentine, et al., *Making Their Way: Summary Report on the Youth Villages Transitional Living Evaluation* (December 2018), MDRC, 7, *retrieved from*: [https://www.mdrc.org/sites/default/files/Youth\\_Villages\\_Short\\_Report\\_2018\\_final\\_web.pdf](https://www.mdrc.org/sites/default/files/Youth_Villages_Short_Report_2018_final_web.pdf).

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<sup>88</sup> CFSA FY2020 Performance Oversight Responses, responses to Q98, 111(k), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>89</sup> CFSA FY2020 Performance Oversight Responses, response to Q120(f), *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>90</sup> CFSA FY2020 Performance Oversight Responses, response to Q122, *available at*: [https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>91</sup> *Id.*

<sup>92</sup> See CFSA, Office of Youth Empowerment, *available at*: <https://cfsa.dc.gov/page/office-youth-empowerment>.



**Testimony of Ruqiyah Anbar-Shaheen  
DC Action Director of Early Childhood Policy and Programs  
Agency Performance Oversight Hearing - Fiscal Year 2021  
Before the Human Services Committee  
Council of the District of Columbia  
February 25, 2021**

Good morning, Councilmember Nadeau and members of the Human Services Committee. Thank you for the opportunity to address the Council as it reviews the Child and Family Services Agency's performance. I am Ruqiyah Anbar-Shaheen, Director of Early Childhood Policy and Programs for DC Action and Chair of the DC Home Visiting Council.

DC Action uses research, data, and a racial equity lens to break down barriers that stand in the way of all kids reaching their full potential. Our collaborative advocacy initiatives bring the power of young people and all residents to raise their voices to create change. Through our signature coalitions, Under 3 DC and the DC Home Visiting Council, we empower families and communities. We are also the home of DC KIDS COUNT, an online resource that tracks key indicators of child and youth well-being.

Today, my remarks will focus on CFSA's early childhood home visiting programs, which the agency both funds directly and supports in partnership with the DC Department of Health. In particular, CFSA administers the Father-Child Attachment program at Mary's Center and the Parent Support and Home Visitation program at Community Family Life Services, and supports DC Health's implementation of a home visiting program for teen parents in or leaving foster care.

DC Action and the DC Home Visiting Council appreciate the Council's past support of home visiting programs, but it is necessary to provide home visiting programs with consistent, recurring funding so programs can strengthen and sustain the long-term relationships that make them so effective.

**COVID-19 has emphasized the importance of home visiting programs.**

Home visiting is a powerful, evidence-based family support and coaching strategy. Home visiting professionals cultivate trusting relationships with families over months or years in order to address family and child needs including kindergarten readiness; healthy birth outcomes; maternal and child social, emotional, and physical health; and family economic security<sup>1</sup>. “Home visiting” is somewhat of a misnomer for these incredible programs, as they serve families not only in their homes, but in any setting that families and home visitors feel comfortable, a flexibility unique to this strategy.

Home visitors partner with families to help them thrive, and serve as a link to the broader system of resources in DC, which may otherwise be difficult for motivated and resourceful parents to navigate on their own. Family support and coaching as offered through home visiting programs can help parents become stronger advocates for their own families and more engaged and responsive parents. You have already heard - and will continue to hear - evidence of this directly from parents today.

Across the country and in DC, many direct service programs that deliver services on-site or in person came to a halt at the onset of the pandemic in 2020 and had to restructure in order to serve families. However, because of their long-term trusting relationships with families and the adaptability of the model, home visiting programs quickly and easily pivoted to televisits to provide a relatively seamless continuum of services for families. As families’ challenges and stress have risen over the course of the pandemic, home visiting programs have been an unwavering lifeline.

### **Home visiting helps build safe and resilient families**

The pandemic has been stressful for all of us. The level of stress can become toxic, however, for families where parents have lost jobs, who are living in crowded housing with family members or friends, and in which children are unable to participate in their early learning programs. Social isolation exacerbates everything.

Especially in times of crisis, it’s essential for parents to feel confident in their ability to care for their children. Home visiting is an effective tool for increasing family factors associated with lower rates of child abuse and neglect and ensuring that families have access to health and safety resources.<sup>2</sup> Home visitors teach the skills and provide the support to strengthen that confidence. The public health emergency has increased the risk for child abuse and neglect due to families’ higher levels of financial strain, emotional stressors, and social isolation.<sup>3</sup> Home visitors are already trained to support families managing difficult circumstances and facing a wide range of obstacles. This crisis management skill set makes them well-positioned to

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<sup>1</sup> Avellar, S. and Supplee, L., 2013. Effectiveness Of Home Visiting In Improving Child Health And Reducing Child Maltreatment. [online] Pediatrics. Available at: [https://pediatrics.aappublications.org/content/132/Supplement\\_2/S90](https://pediatrics.aappublications.org/content/132/Supplement_2/S90)>

<sup>2</sup>[https://rhyclearinghouse.acf.hhs.gov/sites/default/files/docs/17975-The\\_Role\\_of\\_Home-Visiting\\_Programs.pdf](https://rhyclearinghouse.acf.hhs.gov/sites/default/files/docs/17975-The_Role_of_Home-Visiting_Programs.pdf)

<sup>3</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a1.htm>



support families in these extraordinarily difficult times.

Home visitors are a vital lifeline for those at risk of harm. The strong bonds home visitors build with their families and the consistent support they provide create a firm foundation that enables home visitors to help families through the extraordinary stress and hardship they're currently experiencing. Our home visitors not only provide families with what they need, but also stability, reassurance, and the knowledge that no matter how hard it gets, they will help them get through it.

### **Sustaining consistent funding for home visiting is vital to District children and families**

It is critical that home visiting programs maintain the current level of funding to be able to, at a minimum, continue to serve families who already needed support prior to the current economic and health crises and who are strongly motivated to build good lives for their children. While one-time funds have been allocated for many of these programs in the past, at this time we must designate recurring funding to ensure a continuity of care.

In recent years, home visiting investments with CFSA have included

- \$160,000 for the Parent Support and Home Visitation program for parents who have experienced homelessness, are survivors of domestic violence, or are returning citizens
- \$150,000 for the Father-Child Attachment program to help fathers build and maintain healthy relationships with their children.
- \$160,471 to DC Health as part of an MOU in which DC Health provides Parents as Teachers home visiting services for pregnant or parenting teens who are in or exiting foster care.

We thank CFSA for their partnership with these family support programs. However, for several years, most of this funding has been awarded on an annual basis, creating an instability that threatens programs and is detrimental to the families they serve. Home visiting programs depend on trust and reliability established with families over time. When programs are at constant risk of losing funding, or experience lapses or cuts in funding as they did in FY 2019, the instability can leave families without a trusted resource that they have come to rely on.<sup>4</sup> While this is always a disservice to families, the heightened stressors of COVID-19 and the impact it will likely have in the years to come make it more important than ever to continue investing in family support programs such as the home visiting programs CFSA funds.

We implore CFSA and the Council to find recurring funds to sustain these valuable programs. The modest investment, given the dollars previously awarded, goes a long way to prevent abuse and neglect. Therefore, we ask that this funding be maintained on a recurring basis.

Thank you for the opportunity to testify. I welcome your questions.

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<sup>4</sup> 2020 Annual Report of the District of Columbia Home Visiting Council.

[https://www.dchomevisiting.org/uploads/1/1/9/0/119003017/2019\\_home\\_visiting\\_council\\_annual\\_report.pdf](https://www.dchomevisiting.org/uploads/1/1/9/0/119003017/2019_home_visiting_council_annual_report.pdf)



**Testimony Before the Council of the District of Columbia**  
Committee on Human Services

at the  
**Fiscal Year 2020 Performance Oversight Hearing on the**  
**Child and Family Services Agency**

**By Shannon T. Hodge**  
Founding Executive Director, DC Charter School Alliance  
February 25, 2021



Good afternoon, Chairperson Nadeau and members of the Council. My name is Shannon Hodge and I am the Founding Executive Director of the DC Charter School Alliance, the local non-profit that advocates on behalf of public charter schools to ensure that all students in the District receive the great public education they deserve. I am here to testify about the Child and Family Services Agency (CFSA).

Before I joined the DC Charter School Alliance, I was the executive director of Kingsman Academy Public Charter School, which I co-founded in 2015 to provide a safe, nurturing, therapeutic learning environment for students most in need of support from the city. From my experiences at Kingsman, I understand firsthand the complex needs and challenges facing students involved in the child welfare system and how we as a city need to work together on their behalf. When we don't, the outcomes are tragic. I've almost lost count of the number of my former Kingsman students who have died in the last year as a result of violence. All of them at one time or another were involved with CFSA.

I know from my previous work at Kingsman and from my current work at the DC Charter School Alliance how much schools rely on CFSA to catch the students whose primary needs are beyond the reach of schools. School leaders can easily identify the students who are struggling the most and who most need government support and interventions for their nonacademic needs. The District needs a strong, effective, accountable CFSA to keep children safe and to give them a chance to experience improved educational and life outcomes.

What would a strong, effective, accountable CFSA look like?

- It would always provide schools with timely notification of changes in children's caregivers or placements.
- It would always notify schools when children in CFSA care are missing.
- It would facilitate creation of effective, comprehensive support plans by partnering schools with birth parents, foster parents, and case workers.
- It would always inform schools of the holder of educational decision making rights for children in out-of-home placements, recognizing that the lack of clarity with regards to these rights is especially problematic for students with disabilities.
- It would include a feedback loop on truancy referrals so that the agency and schools can collaborate to get students back in school.
- It would ensure that CFSA personnel interacting with schools follow the agency's written guidance, policies, and information provided to schools.
- It would protect the identity of school personnel acting as mandated reporters.

- It would communicate clearly and regularly with schools about resources and prevention programs designed to support struggling families, such as the recently created Family Success Centers.

Charter schools are ready, willing, and able to collaborate with CFSA to help the city implement existing recommendations and create long-term solutions. For example, our members participated in the Students in the Care of the District of Columbia Working Group to make recommendations for improved supports for students involved in the child welfare and juvenile justice systems. But they are frustrated with the slow pace of progress on the workgroup's recommendations. Similarly, our members are looking for the recently created Office of Students in the Care of DC to make substantive improvements in the coordination of services or solutions to information sharing challenges between schools and CFSA and other child serving agencies. And we appreciate the leadership of the Council in its recent passage of legislation to create an Office of the Ombudsperson for Children to aid in resolving constituent complaints and recommending policy solutions.

We know how much is needed to support the District's most vulnerable children, and we are here to support those efforts. Thank you for your time and attention to this matter, and I welcome your questions.

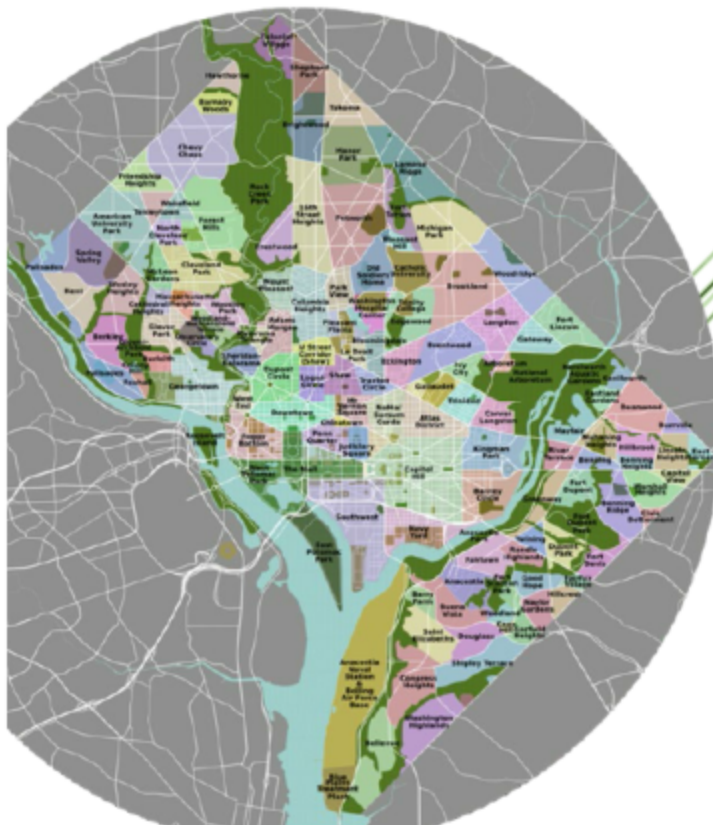
**WRITTEN TESTIMONY BEFORE  
Council of the District of Columbia  
COMMITTEE ON HUMAN SERVICES**

Public Hearing: Oversight; CFSA Performance

February 25, 2020

**PUBLIC WITNESS; CHRISTIAN GREENE, LICSW**

**IS DIVERSION ETHICAL?**



Good day Chairperson Nadeau and distinguished members of the Committee on Human Services. My name is Christian Greene and I am honored to testify today. I want to begin with my deep gratitude for listening to this whistleblower and taking decisive action with recent passage of the Office of the Ombudsperson for Children Establishment Amendment Act of 2020. This Act will forever change how oversight is conducted through the DC Council, as this mechanism will be a direct link to our children and enforcement of their rights. Those that speak to protect their rights have always been, and will continue to be, vital to government accountability.

I am a clinical social worker who has been practicing in DC Child Welfare since 2005. On behalf of the District and qualified by OAG I have provided expert testimony in DC Superior Court. I have touched thousands of investigations. I have furthered my expertise to include DC Ombudsman and other DC Investigatory entities. I am committed to ensuring the safety of children, the well-being of the child welfare workforce, and a standardized Ombudsman Office.

As a clinician who has practiced in DC child welfare since 2005, I want to thank all the social workers who practice in an already fragile system, despite the immediate safety concerns of face-to-face contact during this pandemic, these professionals have worked tirelessly to protect those most vulnerable amongst us. It is a given that our mandated reporters<sup>1</sup>, like teachers and pediatricians, have limited or no face-to-face time with our children to observe signs of abuse or neglect, their role is even more important. In this pandemic, it is difficult to determine the real-time health and well-being of our community, so in this time we should be watching closely the policies and procedures that agencies introduce. Do they protect our children<sup>2</sup> or are they a neglect of duty?

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<sup>1</sup> § 4-1321.02. (b) of this section who knows or has reasonable cause to suspect that a child known to him or her in his or her professional or official capacity has been or is in immediate danger of being a mentally or physically abused or neglected child, as defined in § 4-1301.02(15A), shall immediately report or have a report made of such knowledge or suspicion to either the Metropolitan Police Department of the District of Columbia or the Child and Family Services Agency. B19-0647 - CHILD SEXUAL ABUSE REPORTING ACT OF 2012 expanded the mandated reporter definition to anyone over age 18 Public Law 113-183 "Preventing Sex Trafficking and Strengthening Families Act" (child welfare issue) DC act 20-560 "Sex Trafficking of Children Prevention Amendment Act of 2014" § 22-3020.52. (a) Any person who knows, or has reasonable cause to believe, that a child is a victim of sexual abuse shall immediately report such knowledge or belief to the police.

<sup>2</sup> DC Code § 4-1301.02(22); "Youth" means an individual under 18 years of age residing in the District and those classified as youth in the custody of the Agency who are 21 years of age or younger. Come into contact with Child welfare; South Capitol Street Memorial Amendment Act of 2012, DC Code § 2-1517.51 NOT ESTABLISHED Minor's Health Consent for treatment; DCMR 22-B600. Right to live free of abuse and Neglect; § 4-1301 and § 16-2301 to include Legislation B19-0803 Foster Youth Statements of Rights and Responsibilities Amendment Act of 2012 ("FYAA") Established; DC Municipal 29 DCMR § 6004 Regulations Rights and Responsibilities of foster children DCMR Title 29

One of CFSA's functions and purposes, and arguably its most important, is "[s]afeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so."<sup>3</sup> CFSA's only available remedies in situations that require the child be removed from the home are "(1) Remove the child with the consent of the parent, guardian, or person acting in loco parentis; (2) Request the Corporation Counsel of the District of Columbia to petition the [D.C. Family Court] for a finding of abuse or neglect and, where appropriate, the removal of the child; and (3) Request the police to remove the child when the consent of a parent, guardian or other custodian cannot be obtained and the need to protect the child does not allow sufficient time to obtain a court order."<sup>4</sup> Even when papering the case in front of DC Superior Court acquiring "A Division order of "legal custody" is subordinate to the rights and responsibilities of the guardian of the person of the minor and any residual parental rights<sup>5</sup> and responsibilities."<sup>6</sup> Once CFSA has removed a child from their home, CFSA is required to place the child with a licensed foster parent<sup>7</sup> or in a licensed institution if that best meets the child's needs.<sup>8</sup> Simply put, CFSA does not have the legal authority to take a child out of their parental home to live in someone else's home, even the home of a relative, unless the formal removal process is followed and the placement is licensed. D.C. Superior Court is the check on CFSA's power.

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Chapter 29- 60 Foster Homes 29-6018 DISCIPLINE AND CONTROL Translated to child friendly language; DC Bill of Rights for Children and Youth in Foster Care Policy

<sup>3</sup> D.C. Code § 4-1303.01a(b)(6).

<sup>4</sup> D.C. Code § 4-1303.04(c).

<sup>5</sup> Come into contact with Child Welfare; South Capitol Street Memorial Amendment Act of 2012, DC Code §2-1517.51 NOT ESTABLISHED Fair Hearing Policy 3/10/09 Residual Parental Rights; DC Code Title 16 Chapter 23; means those rights and responsibilities remaining with the parent after transfer of legal custody or guardianship of the person, including (but not limited to) the right of visitation, consent to adoption, and determination of religious affiliation and the responsibility for support. § 16-2301 (21) A Division order of "legal custody" is subordinate to the rights and responsibilities of the guardian of the person of the minor and any residual parental rights and responsibilities. Custodian; § 16-2301 (12) The term "custodian" means a person or agency, other than a parent or legal guardian: (A) to whom the legal custody of a child has been granted by the order of a court; (B) who is acting in loco parentis; or (C) who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child.

<sup>6</sup> Duty Established; § 4-1301 and § 16-2301 (21) The term "legal custody" means a legal status created by Division order which vests in a custodian the responsibility for the custody of a minor which includes —(A) physical custody and the determination of where and with whom the minor shall live; (B) the right and duty to protect, train, and discipline the minor; and (C) the responsibility to provide the minor with food, shelter, education, and ordinary medical care.

<sup>7</sup> Foster Parent (traditional or kin) B21-0603 - Foster Parents Statements of Rights and Responsibilities Amendment Act of 2016 Established; DC Municipal 29 DCMR § 6002 Foster Parent Responsibilities and 29 DCMR § 6003 Agency Responsibilities CFSA's contract with the provider, Code of Maryland Regulations (COMAR) requiring case management to be implemented by the foster parents licensing Agency, CFSA DC/MD 2013 Border Agreement that requires simultaneous DC (Act – the District of Columbia Health Occupations Revision Act of 1985) and MD (10.42.02 Case management and 10.42.01 Governing Licensure) licensure, and Federal Interstate Compact Placement Contract (ICPC)

<sup>8</sup> D.C. Code §§ 4-1303.04(a-1)(1) and 4-217.02.

Prior to the pandemic, CFSA proudly brought attention to its decreasing foster care numbers, but ignored the spike in child fatalities<sup>9</sup>, the ultimate abuse and neglect.<sup>10</sup> Rising fatalities coinciding with lower foster care rates is a clear indication that the system is unhealthy and failing.

On July 13, 2020, CFSA issued a new diversion policy<sup>11</sup> and revised their policy regarding safety planning.<sup>12</sup> These policies should cause community outrage because they are clear violations of a child's and their parent's rights, shifts the Agency's responsibility onto a relative without giving them the legal right or financial resources to protect the child. This is a severe neglect of duty by the Agency, detailed below.

If a CFSA social worker<sup>13</sup>, a clinician, believes a child is being abused or neglected, the social worker's duty is to work with parents to mitigate the safety concern or remove the child if unable to do so. A clinical safety plan identifies the immediate safety concerns and makes a determination if a parent is able to mitigate that safety concern in the community. If the parent is safe to plan with, only then can the agency enter into a "safety plan" with the legal parent that is intended to intervene on the harm the child has experienced with agency oversight. If it is determined that a parent is unsafe to plan with then the Agency has the right to conduct an immediate removal of the child to ensure the child's safety. In the District relatives to include grandparents have no legal rights to a child that is not under a court order. The diversion policy is flawed in that it does not even state how parental consent to diversion is to be

<sup>9</sup> Page 65 of 223 of Performance Oversight Hearing Fiscal Year 2019-2020 "Child and Family Services Agency Responses to Hearing Questions"

<sup>10</sup> On 2/26/2019 Director Donald testified that in FY 2018 there were "No deaths related to child abuse and neglect" (video record marker 7:05:44) in FY 2018. ([http://dc.granicus.com/MediaPlayer.php?view\\_id=11&clip\\_id=4887](http://dc.granicus.com/MediaPlayer.php?view_id=11&clip_id=4887)) Upon my search of the captioned video ([http://dc.granicus.com/MediaPlayer.php?view\\_id=11&clip\\_id=5369](http://dc.granicus.com/MediaPlayer.php?view_id=11&clip_id=5369)) of CFSA public oversight hearing regarding fiscal year 2019, I did not find any questions related to "critical events," "death," and/or "fatal." There appeared to be no question about child fatalities despite the FY2019 written testimony provided by CFSA submitted to DC City Council and in the public purview, which shows a dramatic increase from zero to 8 deaths with ambiguity around deaths related to child abuse and/or neglect.

<sup>11</sup> CFSA Administrative Issuance 20-1, "Diversion Process at Investigations," July 13, 2020, available at <https://cfsa.dc.gov/publication/ai-diversion-process-investigations>.

<sup>12</sup> CFSA Policy "Safety Plans" May 29, 2019, available at [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program\\_Policy\\_Safety\\_Plans\\_FINAL.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_Safety_Plans_FINAL.pdf)

<sup>13</sup> Social Workers employed directly by CFSA or by use of District government funds through contracts have rights and responsibilities regarding their licensure and practice in the District defined by Department of Health (DOH) licensure process. DOH founds licensure on Act – the District of Columbia Health Occupations Revision Act of 1985 defining DCMR 7011 STANDARDS OF CONDUCT requiring all clinicians to adhere to National Association of Social Workers Code of Ethics. DCMR 7011.1 "Any holder of a license under this Chapter or any person authorized to practice social work or to perform social work functions under this Chapter shall comply with the standards of ethical and professional conduct established by the National Association of Social Workers in its publication entitled "Code of Ethics," as it may be amended or republished from time to time."

National Association of Social Workers "The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire."

documented then places the burden of the Agency on an unsuspecting relative who does not realize they are becoming an accomplice to violating the law that includes the rights of the child detailed in DC Code<sup>14</sup>, or that a safety plan that includes diversion of the child to live with them has no mechanism for enforcement. Thus, the child may return to an unsafe parental home with no built-in alert system or monitoring of the “safety plan” for CFSA to know what has happened.

This phenomenon of safety plans or “diversions” where the to the Agency is guiding the CFSA social worker to tell the relative who has no legal rights to the child to become a caregiver, in place of the parent, then to file a complaint for custody themselves is unethical, if not illegal. If CFSA believes the abuse or neglect is so severe that the child needs to be removed and placed in a home other than the parent, then CFSA is equipped with the knowledge and resources to immediately remove the child then take this issue to court within 72 hours, presenting probable cause. Custody courts are not built to replace child welfare’s duty to protect. Relatives should not be bullied into an impossible situation and should be offered emergency licensure as foster parents. The lack of checks and balances, when removed offered through DC Superior Court, in diversion is how we lose track of abused and neglected children.

Throughout my career I have seen the unethical utilization of safety plans, also know as diversions, that have resulted in harmful if not fatal incidents with our children whom we have a duty to protect. The problem is that the record is not clear and at this moment there is no investigatory entity to shed light on the impact to our children for the public. So, it is a wild guess for the public. Unless you are the clinician who knows the entirety of safety concerns, interventions, directives<sup>15</sup>, implementation, and

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<sup>14</sup> DC Code; § 2–1517.51. South Capitol amendment Act Family resource guide. § 4–1301 Child Abuse and Neglect § 4–1303.74. Part C-iii. Statements of Rights and Responsibilities for Youth in Foster Care § 14-307 Confidential information § 16-2301 – 16-2340 Proceedings Regarding Delinquency, Neglect, or Need of Supervision §19-276. "Foster Youth Statements of Rights and Responsibilities Amendment Act of 2012 established by DC Act 19-640 Foster Youth Statements of Rights and Responsibilities § 21–522. Examination and admission to hospital DC Municipal Regulations; 22-B600. Minor’s health, 29-6004 Rights and responsibilities of foster children living in foster homes, 29-6013 Maintaining foster children’s records, 29-6015 Working with foster child’s family, 29-6017 Clothing and personal belongings, 29-6018 Discipline and Control, 29-6019 Health Care, 29-6020 Religion and Ethnic Heritage, 29-6021 Education, 29-6022 Recreation and Community, 29-6023 Confidentiality, 29-6024 Abuse, neglect, or other risks to foster children’s health or safety, 29-6025 Violation of this chapter, 29-6203 Licensing of youth shelters, runaway shelters, emergency care facilities, and youth group homes, statement of residents’ rights and responsibilities, 29-6303 Licensing of independent living programs for adolescents and young adults statement of residents’ right and responsibilities.

<sup>15</sup> Discourse is imperative to critical thinking and ensuring safety of our children, yet uninformed directives impede upon a social workers duty. Social workers directed by management to act contradictory to their own intimate clinical knowledge of families and their own assessments of clinical safety. When directives are given without consideration to the social worker who bore witness, children will die.

the result that ends in the protection or harm to the child. Yet due to confidentiality<sup>16</sup> we as a public must blindly trust the institution.

Thankfully the investigatory entity to shed light on this is in sight; Office of the Ombudsperson for Children. We must remember our laws are written to protect the child. Just because a diversion takes place does not mean that abuse and/or neglect did not happen. Rather diversion replaces the government's duty and places it on a relative who does not have any legal rights to protect the child. The right way to place abused and neglected children with relatives is through "kinship foster care," not diversion.

How does all of this lingo translate into real life, what are the consequences? Let's give an example. Imagine on Monday I am a mother high on PCP having beat my child due to talking back. CFSA responds, determines I am unsafe thus unable to create a traditional safety plan with. CFSA calls up my brother who immediately reports to scene to retrieve his niece. CFSA signs a diversion plan with my brother. I consent under the influence, yet I do not sign the document. CFSA walks away, possibly with no "finding" as the immediate safety concern has been "mitigated" in CFSA's eyes. On Tuesday I show up to my brother home, accuse him of harboring a minor. I call the police and allege he kidnapped my child without my consent. Police arrive on scene, they call CPS. I am sober today, CFSA cannot conduct a removal, and my brother has no legal authority to keep my child. Even if he tried he has no legal authority to get medical, educational, psychiatric services, nor can he receive TANF/ WIC/ or housing help. My child returns to me on Tuesday, well until I come to the attention of the agency again which could be Saturday. The agency will only know if another mandated reporter calls in the new incident. Yet often Mandated reporters are not aware of their obligation to call in every incident of substance abuse impacting parenting, rationalizing it as CFSA just did their assessment on Monday. Remember this is a child I love dearly and who when I am sober I would die for. Yet when I am not sober my child returns to a cycle of abuse, to real harm.

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<sup>16</sup> § 14-307 Confidential information and DCMR 29-6023 Confidentiality



Ok well seems like an insurmountable dilemma? No not at all, this is what child welfare is built for. On Monday the clinician should have determined I was unsafe, immediately removed and papered my case. Licensed my brother as an emergency kinship foster home, which can be done within hours if he resides in the District or 24 hours if he resides in Maryland. Thursday CFSA should take me to court, proving probable cause and obtaining a court order. Then I can work on my sobriety and my child can receive appropriate services to mitigate the harm I caused while under the influence.

Why detail this in oversight? DC City Council oversight of CFSA performance is a public forum that can be utilized to educate not only our council but our public. I would want my family, my fictive brother in this case, to know that they can ask to be a kinship foster parent who has the right to be vetted for an emergency licensure and not be bullied into an impossible situation, where they have no legal right to protect the child. Diversion imposed upon well intended relatives by an institution that knows better is unethical. Thank you, Councilmembers for this opportunity to provide oral testimony,

# Intersection of Rights and Responsibilities

CFSA interventions are civil to protect the child; [CFSA Investigations Policy](#)  
Police interventions are criminal with a focus to hold the perpetrator accountable; [Youth and Family Services Division](#)



## Child

DC Code § 4-1301.02(22);  
"Youth" means an individual under 18 years of age residing in the District and those classified as youth in the custody of the Agency who are 21 years of age or younger.

**Come into contact with Child welfare;**

[South Capitol Street Memorial Amendment Act of 2012, DC Code § 2-1517.51](#) **NOT ESTABLISHED**

**Consent for treatment;**

[22-B600. MINOR'S HEALTH CONSENT](#)

**Right to live free of abuse and Neglect;**

[§ 4-1301](#) and [§ 16-2301](#)



## Parent

**Come into contact with Child Welfare;**

[South Capitol Street Memorial Amendment Act of 2012, DC Code § 2-1517.51](#) **NOT ESTABLISHED**

[Fair Hearing Policy 3/10/09](#)

**Residual Parental Rights;**

[DC Code Title 16 Chapter 23](#); means those rights and responsibilities remaining with the parent after transfer of legal custody or guardianship of the person, including (but not limited to) the right of visitation, consent to adoption, and determination of religious affiliation and the responsibility for support.

[§ 16-2301](#) (21) A Division order of "legal custody" is subordinate to the rights and responsibilities of the guardian of the person of the minor and any residual parental rights and responsibilities.

**Custodian;**

[§ 16-2301](#) (12) The term "custodian" means a person or agency, other than a parent or legal guardian: (A) to whom the legal custody of a child has been granted by the order of a court; (B) who is acting in loco parentis; or (C) who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child.



## Mandated Reporter

[§ 4-1321.02.](#)

(b) of this section who knows or has reasonable cause to suspect that a child known to him or her in his or her professional or official capacity has been or is in immediate danger of being a mentally or physically abused or neglected child, as defined in § 4-1301.02(15A), shall immediately report or have a report made of such knowledge or suspicion to either the Metropolitan Police Department of the District of Columbia or the Child and Family Services Agency.

[B19-0647 - CHILD SEXUAL ABUSE REPORTING ACT OF 2012](#) **expanded the mandated reporter definition to anyone over age 18**

[Public Law 113-183](#) "Preventing Sex Trafficking and Strengthening Families Act" (child welfare issue)

[DC act 20-560](#) "Sex Trafficking of Children Prevention Amendment Act of 2014"

[§ 22-3020.52.](#) (a) Any person who knows, or has reasonable cause to believe, that a child is a victim of sexual abuse shall immediately report such knowledge or belief to the police.



## Agency

[Child and Family Services Agency Establishment Amendment Act of 2000](#), D.C. law 13-277;

**"Safeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so"**

**Duty Established;**

[§ 4-1301](#) and [§ 16-2301](#) (21) The term "legal custody" means a legal status created by Division order which vests in a custodian the responsibility for the custody of a minor which includes —(A) physical custody and the determination of where and with whom the minor shall live; (B) the right and duty to protect, train, and discipline the minor; and (C) the responsibility to provide the minor with food, shelter, education, and ordinary medical care.

**Translated into policy;**

[Hotline 1/29/12](#)

[Investigations 1/16/2015](#)  
[Child Protective Registries 1/17/18](#)

[Critical Events 4/4/11](#)

[Child Fatality Review 3/18/09](#)

[In Home Services 5/30/19](#)



## Foster Parent (traditional or kin)

[B21-0603 - Foster Parents Statements of Rights and Responsibilities Amendment Act of 2016](#)

**Established;**

[DC Municipal 29 DCMR § 6002 Foster Parent Responsibilities and 29 DCMR § 6003 Agency Responsibilities](#)

CFSA's [contract](#) with the provider, Code of Maryland Regulations ([COMAR](#)) requiring case management to be implemented by the foster parents licensing Agency, [CFSA DC/MD 2013 Border Agreement](#) that requires simultaneous DC ([Act – the District of Columbia Health Occupations Revision Act of 1985](#)) and MD ([10.42.02 Case management and 10.42.01 Governing Licensure](#)) licensure, and Federal Interstate Compact Placement Contract ([ICPC](#))

**Translated into CFSA policy;**

Foster parent's homes are [licensed](#) and regulated by the District thus no longer private when pertaining to a Ward.

[Resource Parent Handbook 2018](#)

[Relationship with Resource Parents 5/31/11](#)

[Temporary Licensing of Foster Homes for Kin 9/21/11](#)

[Fair Hearing Policy 3/10/09](#)



## Foster Child "Ward"

[Legislation B19-0803 Foster Youth Statements of Rights and Responsibilities Amendment Act of 2012 \("FYAA"\)](#)

**Established;**

DC Municipal [29 DCMR § 6004](#) Regulations Rights and Responsibilities of foster children

[DCMR Title 29 Chapter 29-60 Foster Homes 29-6018 DISCIPLINE AND CONTROL](#)

**Translated to child friendly language;**

[DC Bill of Rights for Children and Youth in Foster Care Policy](#)

[Office of Human Rights](#) in adherence with the [Citywide Youth Bullying Prevention Program](#) and [CFSA Youth Bullying Prevention Policy](#)



## Permanency

**Re-unification;**

[In-Home and Out-of-Home Procedural Operations Manual \(POM\) May 2011](#)

**Guardianship;**

[§ 16-2301. \(20\)](#) The term "guardianship of the person of a minor" means the duty and authority to make important decisions in matters having a permanent effect on the life and development of the minor, and concern with his general welfare. [§ 16-2381.](#)

**Adoption;**

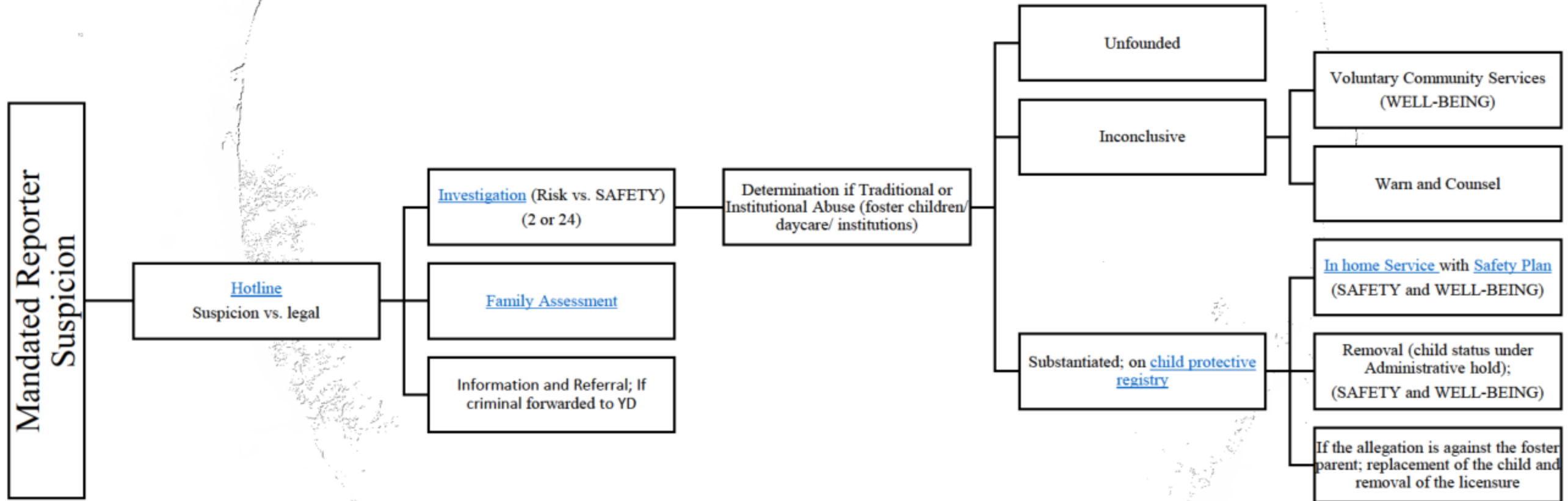
[§ 16-312. Legal effects of adoption.](#) (a) A final decree of adoption establishes the relationship of natural parent and natural child between adopter and adoptee for all purposes

**Emancipation;**

[Establishing A Goal of Alternative Planned Permanent Living Arrangement \(APPLA\) 4/28/14](#)

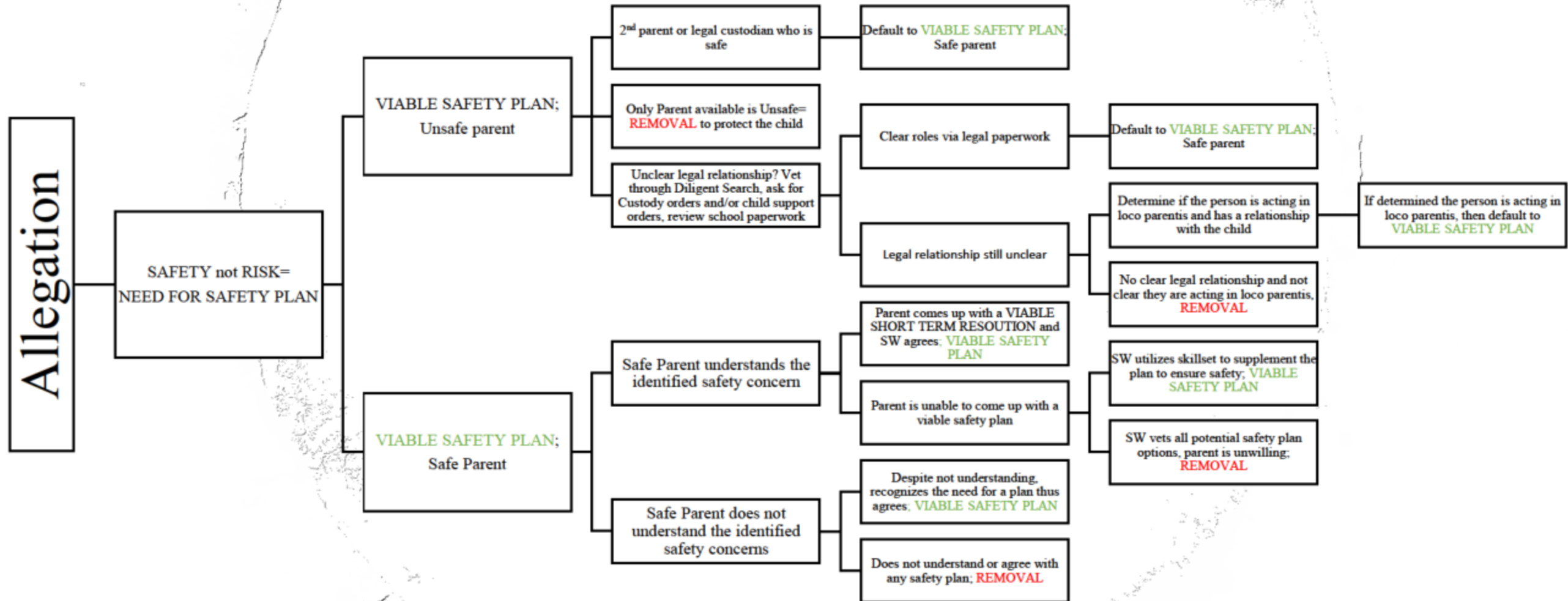
# Child Welfare Process

## Safety, Well-Being, Permanency



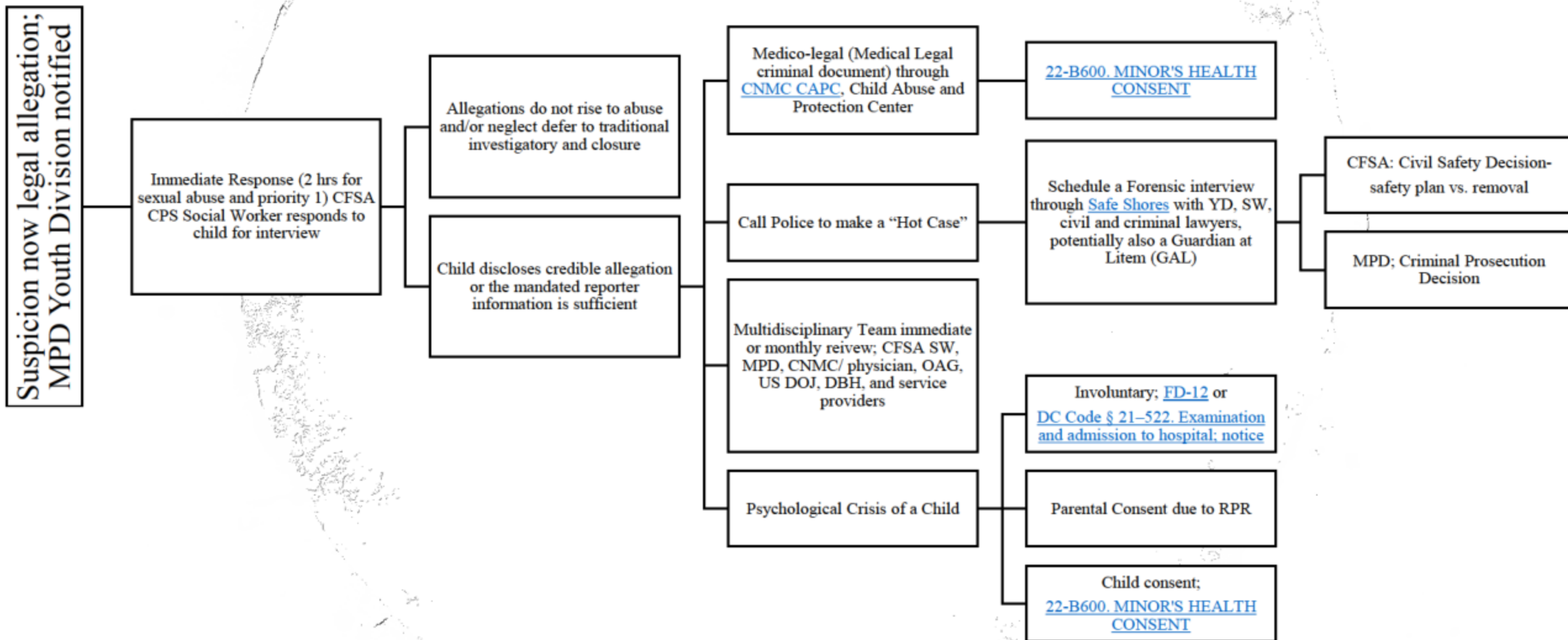


# Clinical Safety Assessment Thought Process



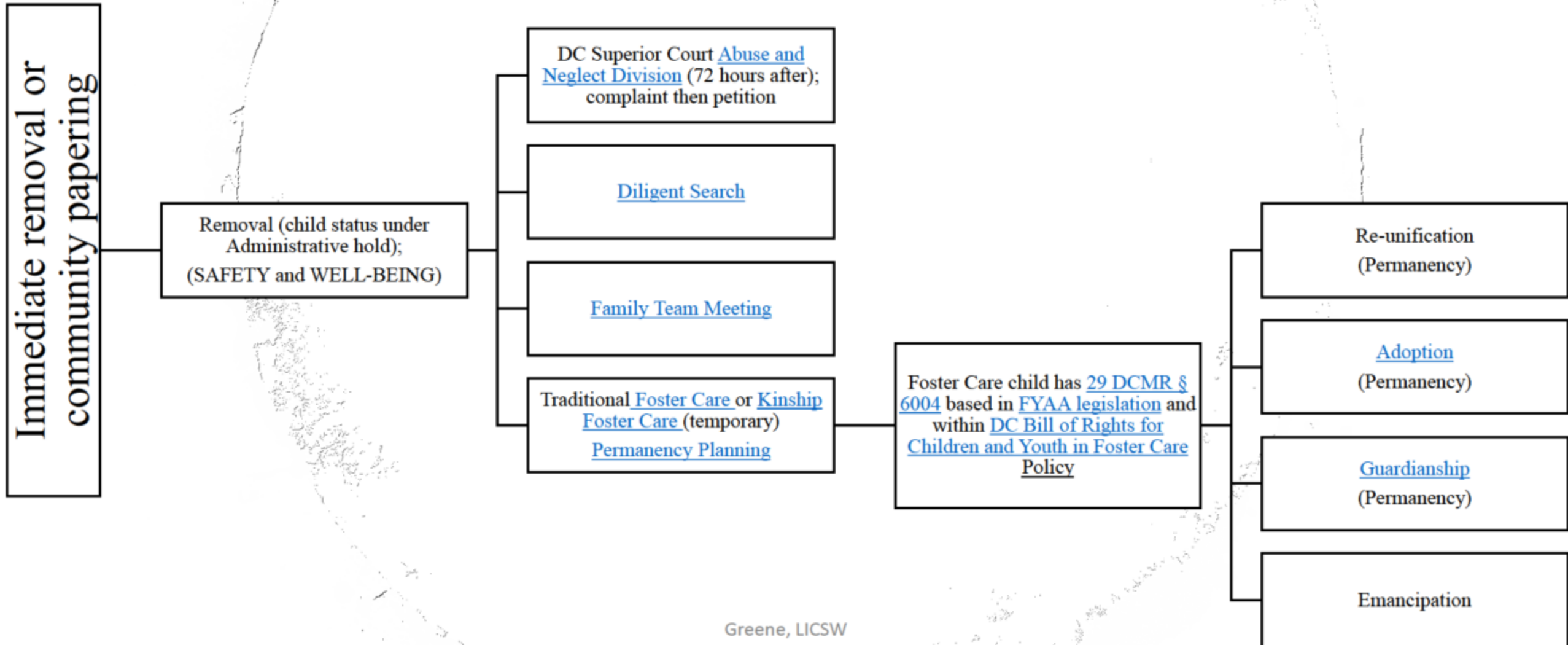
# Abuse & Sexual Abuse Investigatory Process

CFSA interventions are civil to protect the child; [CFSA Investigations Policy](#)  
 Police interventions are criminal to hold the perpetrator accountable; [Youth and Family Services Division](#)



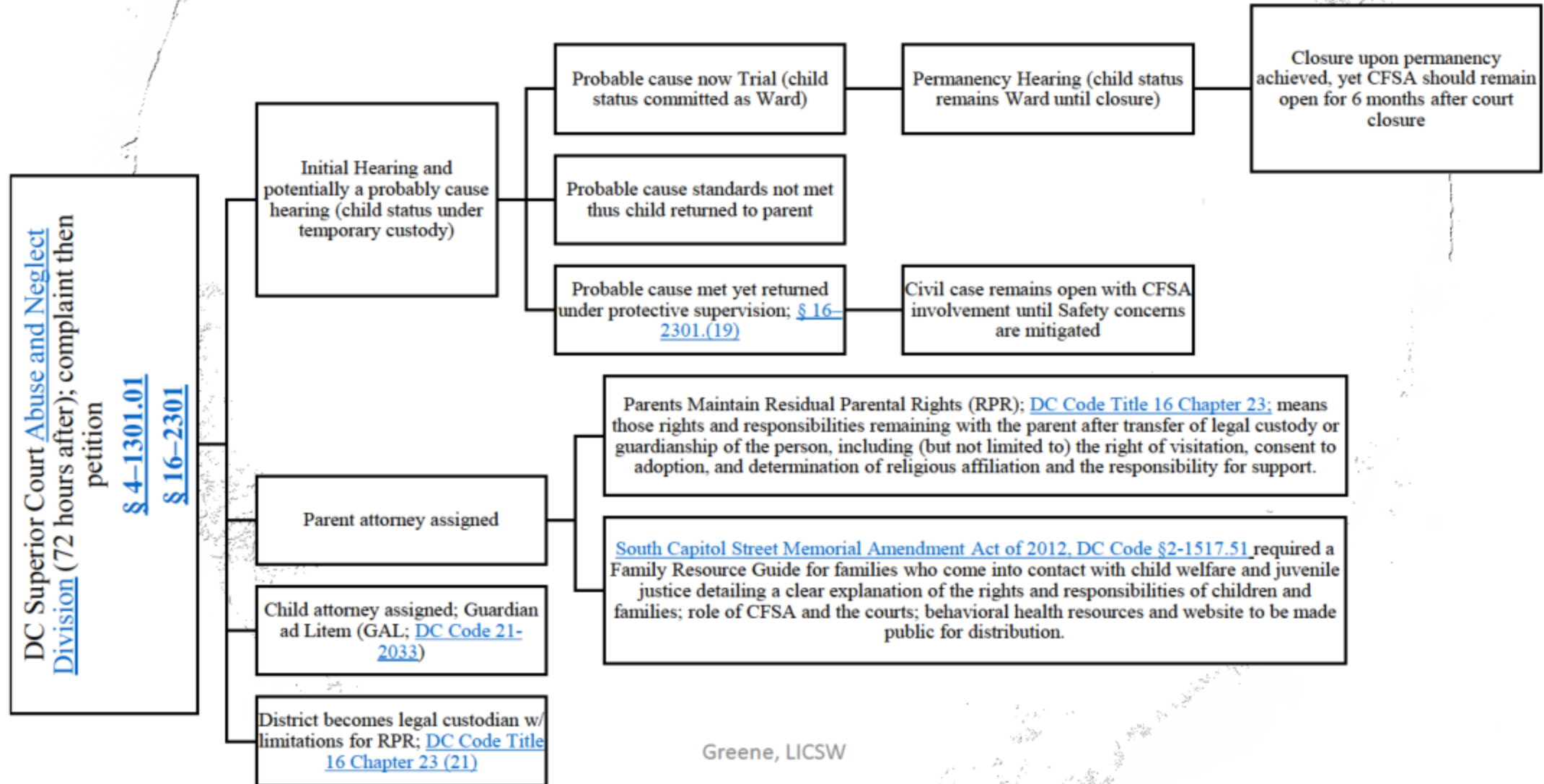
# Child Welfare Process

## Removal due to immediate safety



# Child Welfare Process

## Court Process



# Critical Events

The incidents/events considered critical events include any of the following:

- 1. The death of a child (birth to age 21 years) currently known or who has been known to the Agency within four (4) years prior to the child's death. (See the Child Fatality Review Policy for the critical event process for child fatalities.)
- 2. A near-fatality or serious bodily injury resulting from child abuse and/or neglect or caused by any means while a child is under CFSA care and custody. [For an incident/event occurring where children or youth are receiving in-home services, the incident/event would be considered for an investigation.]



# **Danger**

**Critical incidents might  
be closer than you think**



# Child fatalities

- If a child dies due to abuse/ neglect the agency still has the duty to investigate and disposition, regardless if there is another child. The substantiation will ensure that the maltreater cannot be employed where [Child Protective Registries](#) are required such as daycares and keeps a clear record in case the maltreater has additional children.
- If there is another child then the agency has the duty to assess for safety and intervene as appropriate, per [CFSA Investigations policy](#).
- A death would be classified as a critical event defined in [CFSA Critical Events Policy](#) and this would send an immediate alert up the chain of command and an emergency meeting would be held.
- CFSA would then disposition within the investigation, the family would be reviewed within a CFSA internal child fatality review unit defined in [CFSA Policy Child Fatality Review](#) which produces an [Annual Report](#). **CFSA's critical event is to determine intervention to safeguard the child. CFSA internal fatality review unit is to help future practice issues.**
- The fatality then would reviewed externally by OCME's implementation of the Mayoral Committee-Child fatality review committee which meets monthly is established by [Code of the District of Columbia Title 4. Public Care Systems. Chapter 13. Child Abuse and Neglect. Subchapter V. Child Fatality Review Committee](#) and enacted by OCME [Child fatality Review Committee Policy](#) which produces an [Annual Report](#)<sup>26</sup>. **CFRC is a review of the records to determine if the District can prevent future deaths through systemic recommendations, multiple agencies are represented.**<sup>27</sup>
- All records of child fatalities are kept by Department of Health vital records and can be requested.
- [Child and Family Services Agency Establishment Amendment Act of 2000", D.C. law 13-277](#)<sup>28</sup>. The Ombudsman investigation would be to determine if the agency was in adherence with policy procedure and law. To determine if Agency is effective in their duty to "Safeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so."<sup>29</sup>





Testimony before the District of Columbia Council  
Committee on Human Services  
Performance Oversight Hearing on CFSA  
February 25, 2021

Marie Cohen  
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Good afternoon! Thank you for the opportunity to testify before the Committee today. My name is Marie Cohen, and I write the blog, *Child Welfare Monitor DC*, as well as *Child Welfare Monitor*, which focuses on national issues. I am also a former social worker in CFSA's foster care system. My testimony is based on the data that CFSA has been sharing on its new data dashboard, as well as their oversight responses and published reports. The most recent dashboard data were uploaded last week and pertain to the quarter that ended in December. I'll also be making some remarks about CFSA's efforts around in-home services and prevention, leaving my friends at FAPAC and Children's Law Center to talk about foster care..

My testimony makes a few major points.

- There was a drastic drop in calls to the CFSA hotline starting last March following the closure of schools and the imposition of a stay-at-home order by the Mayor. Total calls were 25 percent lower in March through December 2020 than in the same months of 2019. The number of calls gradually returned to almost normal by December but seems to have decreased again relative to normal in the early days of the current calendar year. The number of Investigations, and the number of findings of abuse or neglect, followed the pattern of hotline calls.
- CFSA does not currently have valid data on the number of in-home cases opened each month so we cannot tell if that has been affected by the pandemic. But point-in-time data shows the number of children being served in their homes dropped about six percent from 1,333 on December 31, 2019 to 1,250 on that date in 2020.
- Foster care entries displayed a surprising trend during 2020. There was a big decrease in foster care entries *before* the pandemic, and since then quarterly entries have bounced up and down.
- Foster care exits declined by 24 percent between March and December, perhaps reflecting court and service delays due to the pandemic, but the gap seems to be closing, with exits actually eclipsing the previous year in October and December.
- The total number of children in foster care declined from 771 on December 31, 2019 to 662 on December 31, 2020, for a decrease of 14 percent. The fiscal year decrease of 13 percent is larger than for any other year since FY 2014. We do not know the extent to which this accelerated decline in the foster care rolls reflects policy and practice changes, demographic changes in the city, or other factors, but it does not appear to

reflect the loss of hotline reports due to COVID-19. Such a big decrease in foster care caseloads raises concerns about whether children's safety is being compromised.

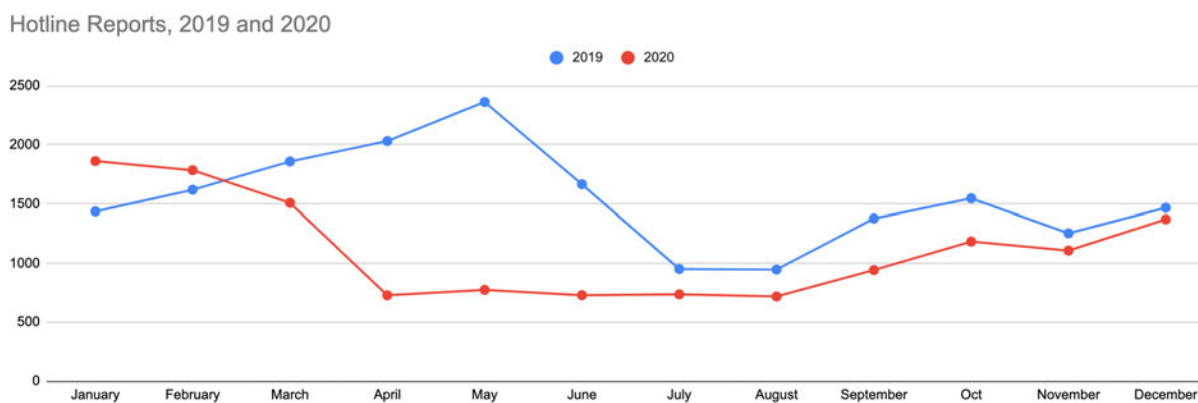
- The total number of children served in foster care and in their homes declined by nine percent between December 2019 and December 2020. *This is a decrease of almost 10 percent in one year in the total number of children served by CFSA.*
- About 65 percent of children served by CFSA are being served in their homes rather than in foster care, but we know too little about the services they and their parents are receiving. The oversight responses show a large dropoff between referral and receipt of services, and nothing about completion. Moreover, CFSA does not report on how many parents receive basic psychiatric, therapy, drug treatment and domestic violence services provided by DBH and other agencies. We know that quality and availability are both issues for these services.
- CFSA has invested in Family Success Centers as its strategy for the prevention of child abuse and neglect before they occur. These centers seem to be off to a good start and are offering a large menu of services geared at strengthening families. But these centers make no special effort to engage those who need them most, who are traditionally hardest to engage.
- Several policy recommendations are suggested by these findings. These include: training alternative reporters for child maltreatment; collecting and sharing data on children diverted to kinship care and their outcomes over time; reviewing CFSA policies and practices to make sure they are not compromising child safety; recognizing the critical role of DBH services for CFSA clients, including parents and those with in-home cases; adding a prevention program that is targeted to the children most at risk of being maltreated, and ensuring speedy implementation of the Children's Ombudsperson Act.

My observations are discussed in more detail below.

**Hotline: There was a drastic drop in Hotline Calls after pandemic closures, an apparent recovery in October-December and a renewed gap in January and February.**

Almost as soon as the pandemic took hold and stay-at-home orders were issued, child advocates around the country began to express fears that abuse and neglect would increase due to parental stress and economic hardship. Research has suggested that family violence spikes during natural and economic disasters.<sup>1</sup> At the same time, school closures raised fear that child abuse and neglect would go undetected as children stayed home away from the eyes of teachers and others who might report suspicions of abuse or neglect.<sup>2</sup> And indeed, in the District as around the country, calls to the child abuse hotline dropped drastically relative to last year, especially in April and May, just after the shutdown of school and the imposition of a stay-at-home order. School closures were likely the main cause for this drop, as school and childcare personnel made 43 percent of the calls in FY 2019--and only 36 percent of calls in FY 2020. But the summer, when teachers are not seeing students anyway and reports go down, looked more like a normal year. It is as if summer started in April and did not end until August. There is usually an uptick in reports in September and especially October after children return to school and teachers get to know them. This occurred in FY 2020 but was smaller than in FY 2019. But reports began to approach their normal level in November and December. CFSA credits the guidance they developed (in the form of a webinar and a participant guide) to be used to train teachers teaching virtually about how to spot abuse and neglect in a virtual environment.

**Figure One**



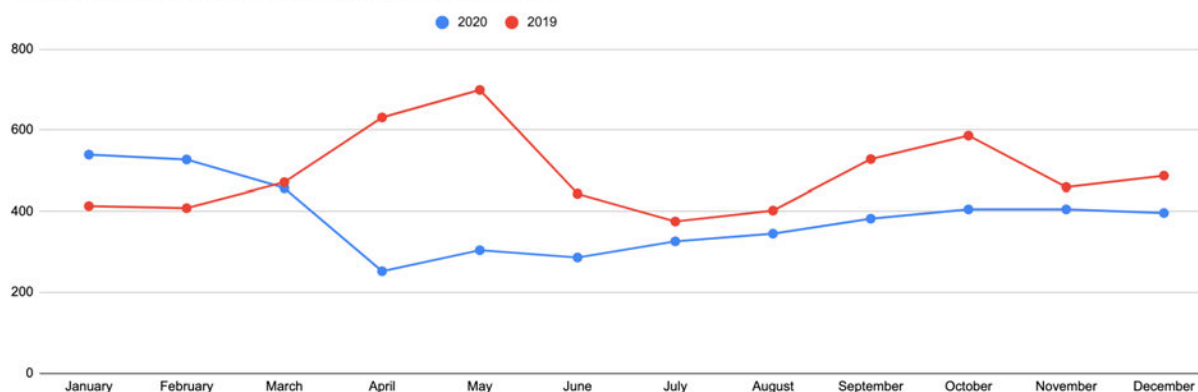
In total, the number of hotline calls dropped from 15,456 between March and December 2019 to 11,579 in the same months in 2019--a difference of 25 percent. Figure One looks very encouraging, but the newest data from the oversight responses raises concerns. Unfortunately it appears that the pandemic reporting “deficit” grew again in January and February. CFSA’s oversight responses, submitted February 19, report a total of 6,280 calls received as of that date. That compares to a total of 7,157 calls reported as of January 31, 2020, when last year’s oversight responses were submitted. That means last year there were 877 more calls in January 2020 than there were in January and more than half of February of 2021. If these numbers and my interpretation are correct, hotline calls are still being suppressed and the difference looks significant. Perhaps CFSA can quickly clarify this concerning data.

**Table One: Hotline Calls, January to February 2020 and 2021**

	Number of Hotline Calls Received
Jan 1 - Jan 30, 2020	7,157
Jan 1 - Feb 18, 2021	6,280

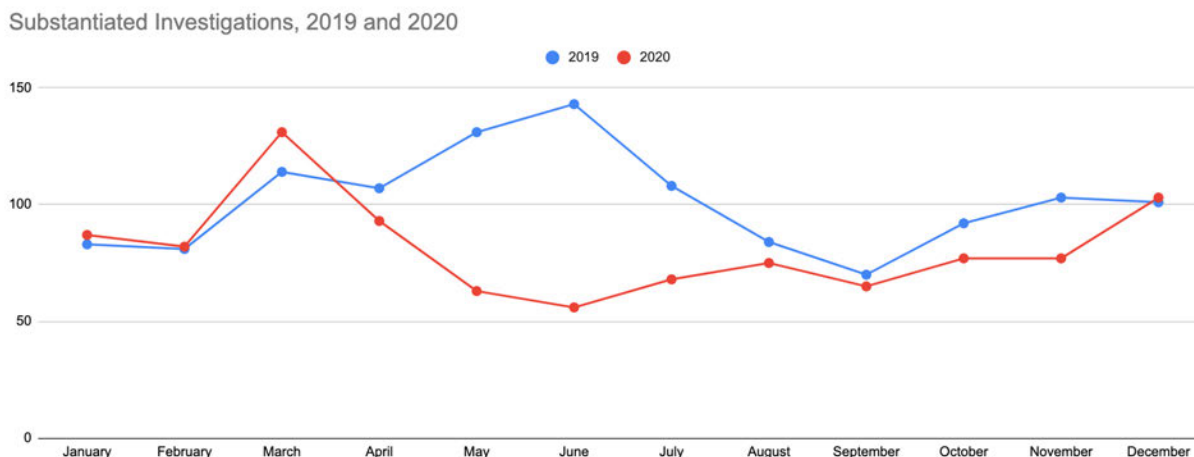
Some commentators around the country have wondered if the loss of some reports from teachers might be a good thing because some of these reports were trivial and should not have been made. If only the frivolous reports were being suppressed, the number of reports accepted for investigation would remain similar across the two years. This was not the case. The pattern of hotline calls accepted for investigation followed closely the pattern of all calls to the hotline.

Hotline Calls Accepted for Investigation, 2019 and 2020



The number of investigations that was substantiated followed a similar pattern to that of reports and accepted investigations. The total number of investigations that was substantiated decreased from 1,053 in March to December 2019 to 808 in March to December 2020, a decrease of 23.2 percent, similar to the percentage decrease in hotline calls.

**Figure Three**



**We do not know how many in-home cases were opened in 2020 but we do know that the in-home caseload declined significantly between CY 2019 and CY 2020.**

When child maltreatment is substantiated, CFSA can place the child in foster care (opening an out-of-home case), open an in-home case, or not open a case at all and refer the family to a collaborative. One might expect fewer cases of both types to open during the pandemic due to the decline in hotline calls. CFSA does not currently have valid data on in-home case openings, so we do not know the effects of pandemic on this indicator. (Data on in-home case openings posted earlier has been removed due to technical problems). Point-in-time data shows that the number of children served in their homes dropped about six percent from 1333 on December 31, 2019 to 1250 on that date in 2020. And the number of families served in their homes dropped about seven percent from 510 to 473.

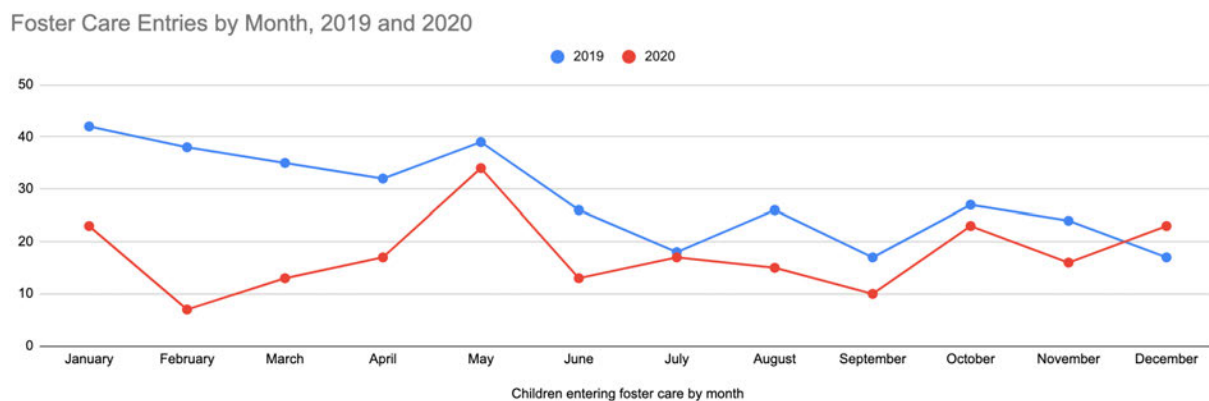
**Table Two: Number of Children and Families Served In-Home**

	December 31, 2019	December 31, 2020
Children	1,333	1,250
Families	510	473

**Foster care entries decreased *before* the start of the pandemic; not so much afterwards.**

It is not surprising that hotline calls, investigations, substantiations and in-home case openings all declined in the wake of the pandemic and associated closures. The big surprise is that foster care entries did not display the same pattern. Entries into foster care started out low in January, dropped in February and actually rose in March, April and May of 2020 before dropping sharply in June and a bit more in September. The total number of children placed in foster care declined from 261 in March through December of 2019 to 181 in March through December of 2020.

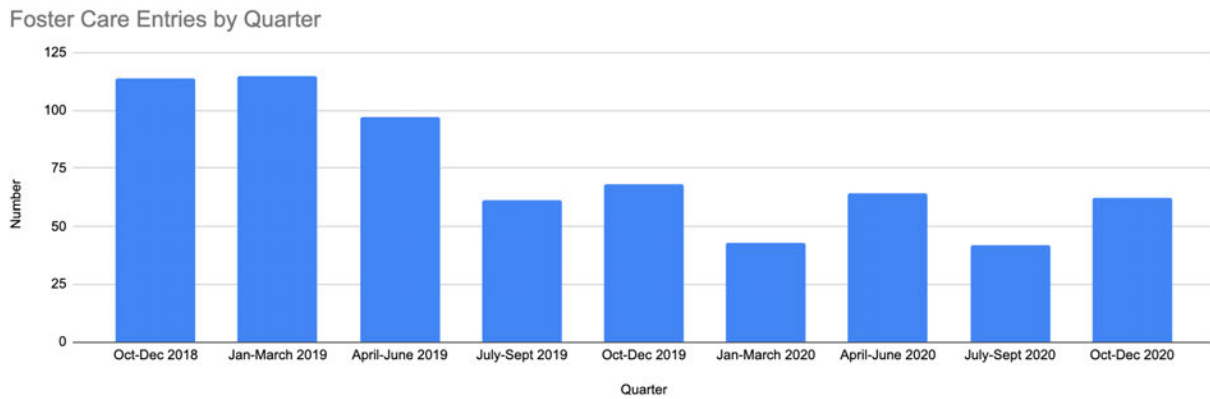
**Figure Four**



Looking at quarterly data over time shows that the big decrease in foster care entries appears to have occurred *before* the onset of the pandemic. It took place during the last two quarters of FY 2019. Foster care entries bounced up and down for the last five quarters, actually increasing last spring when the pandemic began. The data suggest that there was a renewed push to “narrow the front door” of foster care starting in the third quarter of Fiscal Year 2019. And indeed, CFSA’s Communications Director stated that the fall in foster care entries reflected CFSA’s “continued commitment to keep children out of foster care by supporting families in their homes.” Could an increased use of kinship diversion have contributed to these numbers? We won’t know until CFSA starts reporting data on the use of this practice.



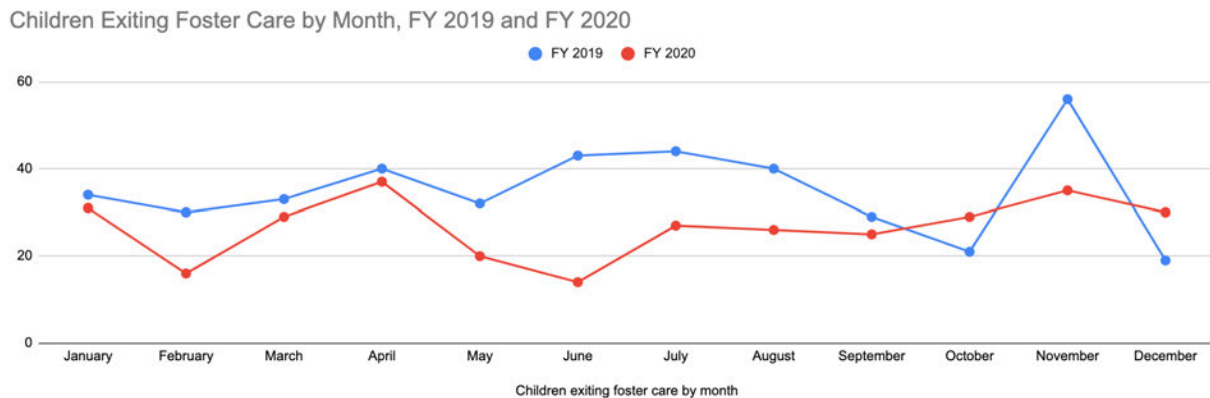
**Figure Five**



**It appears that there were some delays in the achievement of permanency for foster youths in the first few months after the pandemic, as evidenced by declining foster care exits, but the agency appeared to be closing the gap in the first quarter of FY 2021.**

There has been widespread concern around the country that covid-19 would create delays in the achievement of permanency for foster youth. Family reunifications could be delayed by court closures, cancellation of in-person parent-child visits and increased difficulty facing parents needing to complete services in order to reunify with their children. Court delays could also hamper exits from foster care due to adoption and guardianship. And indeed fewer children did exit foster care every month from March to September, especially in May and June, than in the same months in 2019. However, the difference between the two years declined in July and August and almost disappeared by September, and the pattern reversed in October and December, so perhaps the agency and court were able to clear the backlog. The total number of children exiting foster care declined from 357 during the period from March through December 2019 to 272 in the same months of 2020.

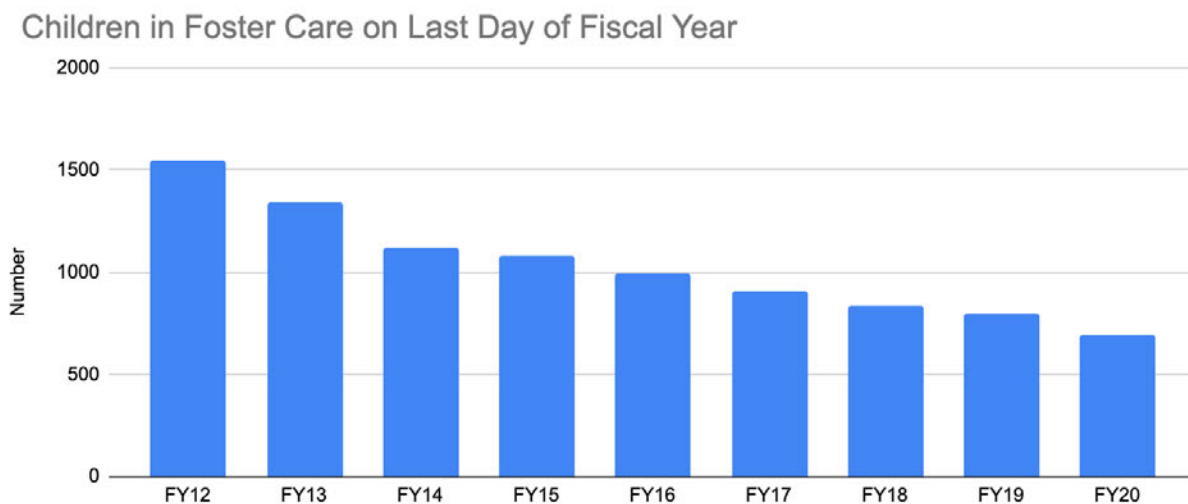
**Figure Six**



**A large (14 percent) decline in the number of children in foster care occurred in 2020.**

The total number of children in foster care on the last day of Calendar Year 2019 was 771. It declined to 662 by December 30, 2019, for a decrease of 14 percent. This does not seem to be a consequence of the pandemic, as entries and exits decreased by a similar amount in March to December 2020 relative to 2019. The number of children in foster care on the last day of the *fiscal* year has declined every year since FY 2012. However, the drop during FY 2020 was greater than in any other year since FY 2014. Such a big decline always raises questions about whether child safety is receiving adequate consideration.

**Figure Seven**



The total number of children served both in-home and in foster care declined from 2,104 on December 31, 2019 to 1,912 on December 31, 2020, a decrease of 9 percent. Out of these 1912 children, 662 (34.6 percent) were being served in foster care and 1,250 (65.4 percent) were being served in their homes. *It is important to note that this is a decrease of almost 10 percent in one year in the total number of children served by CFSA, rather than a shift in the percentage being served from foster care to in-home.* The reason for this drop is not totally clear but may reflect pre-pandemic policy and practice changes for foster care and pandemic induced reporting declines for in-home services.

**Table 3: Children Served in Foster Care and In-Home**

Date	Foster Care	In-Home	Total (% Difference from Previous year)
December 31, 2019	771 (36.6%)	1333 (63.4%)	2,104 (1.7%)
December 31, 2020	662 (34.6%)	1250 (65.4%)	1,912 (9.1%)

**We know too little about the services received by the parents, as well as children served in their homes.**

I have talked a lot about numbers but not at all about the content and quality of services, and I'll focus on in-home services here. CFSA's oversight responses provide a list of services provided to families with an open investigation, in-home case, and out of home case combined, not separately for each group. The responses indicated that 910 families were referred to these various services but only 544 were served in FY 2020. We have no idea how many people *completed* these services, but it is probably a lot less. Moreover, CFSA did not report at all on how many parents received basic psychiatric, therapeutic and drug treatment services, or domestic violence services. CFSA depends on DBH for mental health and drug treatment services and nonprofits for domestic violence services. The DBH services are often of poor quality and all of these services are often in short supply with long waits. CLC discussed the unmet behavioral health needs of children in foster care; the same applies to children in in-home care and especially their parents, who need these services in order to reunify safely with their children.

The big worry is that if the services provided to parents are not effective, cases will be closed without parents having made the changes necessary to be able to keep their children safe. Therefore, we are likely to see these families in the system again, with more harm done to their children. However, there is encouraging news from the latest Quality Service Review (QSR) Report<sup>3</sup> about the In-Home Administration's improved performance on providing supports and services to families.

**CFSA seems to have made a good start in implementing the Family Success Centers but needs to do more to engage the families that are most at-risk and hardest to engage.**

The Family Success Centers appear to be off to a good start in offering a diverse menu of family strengthening services close at hand for parents in Wards 7 and 8. However, it is not likely that they are going to reach the families that need them most. Families at higher risk are traditionally difficult to engage and reach with services. If CFSA really wants to make a serious effort toward prevention, it will need to target families that are identified as at high risk of child maltreatment.

One example of such a program is Hello Baby, which was pioneered in Allegheny County Pennsylvania, home of Pittsburgh and the visionary child welfare leader Marc Cherna, who has since retired. Allegheny already had Family Success Centers, and they already know that they

don't reach the families that need them most.<sup>4</sup> Allegheny County decided to offer a universal support program to all parents of newborns. The program has three tiers, with the least at-risk families being offered services such as a "warmline," texting services, and website. The middle tier is connected with Allegheny's equivalent of the Family Success Centers. And the most at-risk group receives a peer mentor and a benefits navigator or case manager who work together to ensure the family receives the services they need. To assign parents to tiers, Allegheny County uses a predictive algorithm based on a highly advanced "data warehouse" that integrates data across multiple county agencies.

## **Policy Suggestions**

The information outlined above points to several recommendations for CFSA and the Council

1. After calls to the CFSA hotline seemed to approach normal levels in December, they appear to have fallen again relative to pre-pandemic levels. Moreover, a nearly 10 percent drop in the total number of children served by CFSA may reflect in part the loss of these reports. CFSA should consider training alternative reporters outside schools: These might include postal and delivery workers and animal control officers, because child maltreatment often coincides with maltreatment of pets. This strategy is recommended by the family violence researcher Andrew Campbell, who has spoken at more than one event under the auspices of Children's National Medical Center.
2. The CFSA dashboard provides no information on kinship diversion--not surprising because CFSA has so far not collected this data. This is an omission that needs to be corrected. The new CFSA policy requires the collection of some data on each diversion and the circumstances surrounding it. These data need to be available on the CFSA dashboard, but we also urge CFSA to make it a matter of policy to track these children regularly and provide regular updates via the dashboard or a public report.
3. CFSA should review its policies, practices and data to make sure that it is not compromising child safety in the rush to reduce the foster care rolls through kinship diversion or changed CPS practices.
4. The Council must recognize that CFSA relies on DBH for some of the most important services to parents and children and must be willing to allocate funding to improve the services offered by DBH in general. They also need to inform the council about the adequacy of current Domestic Violence services to meet the need among their clients.

CFSA must start collecting data on the number of clients receiving these services and the amount of services they receive.

5. CFSA should consider adding a more targeted prevention program that reaches out to parents at risk of abuse and neglect but are not yet known to CFSA. This would probably involve developing a predictive model based on data from CFSA as well as other agencies.
6. The Council is to be congratulated for authorizing the creation of an Ombudsperson office for children. The implementation of this office should not be delayed as it will be very helpful in ensuring that CFSA continues to improve its performance even in the absence of the Court Monitor after the LaShawn case is closed. Moreover, I hope that with the resources provided the Ombudsperson can do a better job than I can in analyzing the data shared by CFSA.

Thank you for the opportunity to testify. I hope this testimony is helpful in your important work.

#### Notes

1. World Health Organization, Violence and Disasters, available at [https://www.who.int/violence\\_injury\\_prevention/publications/violence/violence\\_disasters.pdf](https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf) and Sell and Noonan, The Recession and Child Maltreatment, available at <https://firstfocus.org/wp-content/uploads/2014/06/Recession-Child-Maltreatment.pdf>
2. Child Welfare Monitor, *Child Protection in the Time of COVID: What We Know and What We Can Do*. Available from <https://childwelfaremonitor.org/2020/08/26/child-protection-in-the-time-of-covid-19-what-we-know-and-what-we-can-do/>.
3. Available at <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/QSR%202019%20Annual%20Report%20%28FINAL%29.pdf>
4. Allegheny County DHS, *An Evaluation of the Family Support Center Network*, available from [https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/06/15-ACDHS-17\\_FSC\\_060519.pdf](https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/06/15-ACDHS-17_FSC_060519.pdf).

Testimony of Karen Feinstein  
Chief Executive Officer, Georgia Avenue Family Support Collaborative

Before the

Committee on Human Services  
Council of the District of Columbia  
Brianne K. Nadeau, Chair

Concerning Program Oversight

Of the

Child & Family Services Agency

February 25, 2021

Good afternoon, Chairperson Nadeau and members of the Committee on Human Services. My name is Karen Feinstein, and I am the Chief Executive Officer of the Georgia Avenue Family Support Collaborative (GAFSC). Like our sister Collaboratives, in the past year we implemented and frequently adjusted our continuity of services plan as COVID19 conditions and subsequent restrictions changed the shape of service delivery and operations in the city. We saw client families hard hit by COVID in every way imaginable, and we repurposed our fundraising budget to establish a COVID relief fund to assist families that were not enrolled in our programs but were struggling to stay afloat.

Despite these significant challenges, I am pleased to report that progress in implementing CFSA's primary and ongoing child abuse and neglect prevention strategies has continued to move forward.

Community Based Child Abuse Prevention (CBCAP) – GAFSC is part of the CBCAP network of organizations that provide or fund a sub-grantee to deliver high

quality parenting programs. In FY20, our sub-grantee, the Foster and Adoptive Parent Advocacy Center (FAPAC), implemented its Parents Growing Stronger Together (FGST) Program, which utilizes the Effective Black Parenting curriculum to improve their understanding of child development and age-appropriate behavioral management skills.

The impact of COVID 19 on enrolled families has been significant. In addition to fully utilizing its grant funding, FAPAC secured additional emergency funds via grant submissions in order to cover the cost of assisting both current FGST participants and graduates from previous cohorts with a range of concrete needs. While retooling to go virtual with all programming, FAPAC staff, instructors and mentors developed new strategies to engage parents and address each situation that families' faced. A virtual graduation ceremony was conducted in August 2020. Of the 12 FGST participants, nine graduated; two received certificates of participation; and one parent in a two-parent family received a Certificate of Support so her husband could complete the program while she took care of their five children.

A new cohort of FGST began their learning process in January. The biggest challenge is still the restrictions that the DC public health emergency of COVID19 has caused. To quote Program Manager and FAPAC Deputy Director Marilyn Egerton, "The now virtual nature of the program makes it more difficult (though we don't think impossible) to build trust and to create the sense of a safe space for the participants. This year we have come up with more creative ways to do that."

Developing a Community of Practice - Planning for the implementation of effective prevention strategies under the Administration for Children and Families (ACF)

Family First funding was led by CFSA and its key managers and was inclusive of not only Collaborative leaders, but also administrators and program managers of DC agencies that address the health and wellbeing of families.

Throughout this past year, CFSA's Community Partnerships Administration has been consistently engaging the Collaboratives in refining these strategies and processes in response to COVID19 conditions and ensuring the functionality of mechanisms for referrals, documentation and case closure.

When testifying last year, I reported that the process CFSA had embarked on in 2018 to develop the Family First Prevention Plan was very promising. I am pleased to note this year that, by ensuring all CFSA and Collaborative case-carrying and supervisory staff are trained and appropriately utilizing Motivational Interviewing, we are continually strengthening our community of practice. As these techniques improve the ability of parents and other caregivers to acknowledge and build on their strengths, we will jointly own the success.

Thank you.

Respectfully submitted,

Karen Feinstein, LICSW





**Testimony on  
FY20 Performance Oversight of the Child and Family Services Administrative (CFSA)  
Before the Committee on Human Services  
February 25, 2021**

Good morning, Chairperson Nadeau and members and staff of the Committee on Human Services. I am **Kelly Sweeney McShane, President and CEO** at Community of Hope, whose mission is to improve health and end family homelessness in order to make Washington, DC more equitable. Thank you for the opportunity to testify today on the Bellevue Family Success Center.

Community of Hope is one of ten Family Success Centers and was chosen to operate the Bellevue Family Success Center at our Conway Health and Resource Center location in Ward 8. We also partner with grantee Martha's Table at our shared location at The Commons on Elvans Road, SE. The goals for the Family Success Centers under Families First DC are to: Empower communities using a place-based approach; Integrate services by having each community design services to facilitate access to existing government and community resources tailored to meet families' needs; and Focus upstream by increasing protective factors and mitigating trauma - prevent crises through early engagement.

Just over a year into the initiative, we are making great progress. I want to share a few highlights.

- **Community needs assessment** – Despite the onset of COVID-19, Community of Hope and the other Family Success Centers moved forward with a community engagement process. Community of Hope held 48 interviews with individuals and three focus groups, along with reviewing data gathered by LINK Strategic partners from city-wide reports. The top themes identified by the interviews and Community Advisory Council were around effectively connecting people to resources, creating more support around emotional wellness, and ensuring there are two-generational activities for families. Some themes that were consistent from other success centers included emotional wellness support, violence prevention, and activities for youth.
- **Community Advisory Council (CAC)** – The CAC is a critical component of this work to ensure place-based, community-led, community-designed activities. It has long been a goal of Community of Hope's to establish a CAC but we did not have staff capacity until this grant. The CAC was established in May of 2020, meets monthly, and is made up of 14 members, 100% of which are residents of Bellevue. The CAC was integrally involved in the needs assessment process and just recently made final decisions regarding \$64,500 in grants

to local organizations to expand emotional wellness supports. The CAC is also developing and leading monthly activities such as Testimony Tuesdays, Bellevue Cares Community Networking Calls, and Life Skills & Soft Skill workshops, just to name a few.

- **Addition of Family Success Specialist** – With the CFSA funds, COH has hired a Family Success Specialist in order to help residents effectively connect to needed resources. The Specialist is available to anyone who walks in, calls, or emails. From October 1, 2020 through January 31, 2021, the Specialist has worked with 56 individuals, a combination of residents (single persons) and families with minor children. Our three largest number of referrals so far are for employment (74), food pantry (71) and rent and mortgage payment assistance (56).
- **Expansion of health and wellness work** - Community of Hope's Family Success Center activities also supplement our focus on health and wellness, and maternal and child health. For example, in January alone, Community of Hope offered COVID community testing and mask giveaways, therapy sessions, a parent cafe, a virtual community open house on Zoom, and created programming for teens on how to make money during the pandemic. As 2021 continues, our virtual offerings will include Ladies Nights In, additional parent cafes on specific topics, life skills workshops, and youth-and-teen-specific offerings. These have all been developed with input from the CAC. We also continue to offer primary medical care, dental care, emotional wellness services, prenatal care, COVID testing and, most recently, COVID vaccines.
- **Network and collaboration** – All of the Family Success Centers continue to meet together monthly, and there is a standing committee working on evaluation. We are learning from each other, sharing resources, and working closely to support residents. I also commend CFSA leaders and staff for listening to feedback throughout this process, as well as providing ongoing support and resources.

In closing, Community of Hope continues to be highly supportive of the Family Success Center program. The Family Success Center grant allows us to expand our work on eliminating health disparities, provide access to services for DC residents, as well as create additional and deeper capacity for community involvement and evaluation.

Thank you for the opportunity to testify and I am happy to answer any questions.



Testimony of Meredith Mendoza, Senior Family Preservation Specialist  
Collaborative Solutions for Communities

before the  
Committee on the Human Services  
Council of the District of Columbia  
Brianne K. Nadeau, Chair

Performance Oversight and Budget Oversight  
for  
Child and Family Services

Thursday, February 25, 2021

Good Afternoon, Chairman, Councilmembers and Members of the Committee,

My name is Meredith Mendoza, and I am currently employed as a Senior Family Preservation Specialist at Collaborative Solutions for Communities (CSC). Today I have the honor to testify on behalf of Ms. Penelope Griffith, Executive Director of Collaborative Solutions for Communities (CSC). As some of you may know CSC, is one of the five Healthy Families/Thriving Communities Collaboratives

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who partners with CFSA to protect child victims and those at risk of abuse and neglect. Similar to our other Collaborative partners CSC works diligently with Child and Family Services Agency (CFSA) and other key governmental and non-governmental agencies in keeping children safe and providing family supportive services. CSC has a notable reputation of being driven to support families in reducing risk factors and utilizing a team approach while concurrently promoting in-home safety measures.

It is essential for me to reference the community prevention efforts that are outlined in our contract with CFSA. This community approach provides a flexible and comprehensive approach to meeting the revolving needs of CSC's diverse communities located in wards, 1, 2 and 3. These community prevention resources supported CSC's approach in responding to the COVID-19 pandemic as CSC was able to shift and intensify our practices to meet the needs of our active caseloads and our assigned communities. Myself and my frontline colleagues received an increase in service inquiries that included but was not limited to mental health,

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domestic violence, employment, and concrete services-rental assistance. It would be an understatement to attempt to describe the numerous clients who are significantly behind in making rental and utility payments. I can only hope to share their perspective and my observation from being on the frontline and honestly report parents are having to choose between paying an essential household bill or purchasing their entire grocery list.

If time permits, I would like to summarize a chapter in the life of a family I recently partnered with on addressing some critical needs. Their son had commenced the journey of completing the appropriate mental health screenings and assessments to address some of his behaviors that were preliminarily indicative of Schizophrenia, during the peak of the pandemic. One can only imagine how frightening this experience can be which was further complicated due to the family's limited English and the ramifications of the pandemic. After some time, the family begun receiving answers to their fears and updates on the status of their son's mental health. As their son's therapeutic process began the family continued

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to be uncertain, worried, and fearful surrounding their son's diagnosis and his ability to be "normal". The family was confronted with an array of questions ranging from hospitalization, safety measures, next steps, and resources. As a result of his son's condition, the father experienced sleepless nights, continuous anxiety, daily headaches, anxiety, and fatigue. Despite all of this, while working with CSC the son's father never gave up on his son and the family received support in navigating services, safety planning, concrete services and was able to relocate to more appropriate housing. In addition, CSC provided psychoeducation services, referrals and linkages to additional services and led and established a comprehensive team of 9 workers across agencies to support the family throughout this crisis. Most importantly, CSC established a trusting relationship with the family that inspired hope and solutions.

The client in this story was interested in testifying here today, however he felt uneasy to present, as he struggles with language barriers and is unable to read or

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write in his native language. Nonetheless, I believe his story is one of many and fortunately the family was able to benefit from CSC services and CFSA prevention funding.

In closing CSC remains committed our mission *to be the leading solution-focus resource in building strong, sustainable families and communities through family support services, innovative training, community capacity building, economic development and social enterprise.*

Thank you for allowing me an opportunity to testify and I welcome any follow up questions.

Meredith Mendoza,  
Senior Family Preservation Specialist,  
Collaborative Solutions for Communities

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**Testimony of Dev Myers, Center Manager**  
**East River Family Strengthening Collaborative, Inc**  
**before the**  
**Committee on Human Services**  
**Regarding the**  
**CFSA Performance Oversight Hearing**  
**February 25, 2021**

Good Morning Chairperson Nadeau and members of the Committee on Human Services. My name is Dev Myers and I serve as the Center Manager of Benning Terrace/Benning Park Family Success Center that is operated by East River Family Strengthening Collaborative and located in Ward 7. It is an honor to share my experience and perspective of the Family Success Center with you all today.

East River Family Strengthening Collaborative is among the 9 grantees of the Families First DC Initiative grant, and is the only agency awarded two grants. These two grants fund the Benning Terrace & Benning Park and the Benning Road & Minnesota Ave Family Success Centers. The Families First DC Initiative's approach is to provide preventative services and neighborhood driven resources to empower families in the Ward 7 and 8 community.

Since our official openings in October, both Family Success Centers have engaged with over 600 families and have assessed 143 families for their needs. We are very proud of our engagement because both Centers have conducted several



community events such giving out PPE, produce, and hot meals to families. Our biggest challenge thus far has been determining the best way to provide services to families during the global pandemic. To combat this, we have invested in our social media strategy, relationships with community leaders, and informational pop-ups in the neighborhood to bring awareness about our centers and the services that we provide.

Our most successful event has been the Thanksgiving Day Turkey Giveaway that served 352 families with a turkey, PPE, and canned goods. Another successful event was the Christmas Angel Tree donation that provided assistance to families during the holiday, through gift cards and children's toys. We served over 200 children. Last week, on the President's Day Holiday, both Family Success Centers conducted a produce giveaway that touched over 100 families.

We have participated in other engagement practices such as hosting events that discuss strategies on dealing with stress during the holidays, weekly game nights, and providing care packages to the community. We also hold a robust weekly programming schedule that engages with multi-generational families. Our programming between both grants consists of job training and mental health sessions. Furthermore, we also have recreational and educational activities such as dance, fitness, tutoring, and art. All of our programs are virtual and have received participation from the community.

We know the work we are doing embodies our mission for the Family First Initiative and East River Family Strengthening Collaborative because the feedback from our community is generally positive. For example, a single mother reached out to my Community Support Specialist and gave us positive feedback about how she was worried about the lack of social emotional skills her child expresses as a result of the

pandemic and virtual learning. However, she appreciates that the Family Success Centers offer recreational activities to the youth because it gives them the space to interact with their peers and it strengthens their social emotional development.

We understand that serving the community is not a one-person or one-agency job, and one of the aspects of this work that we are very proud of is our strong partnership with our community leaders and organizations. We continue to strengthen our relationships with organizations like Donatelli Management, DC Housing Authority, 7E/7F ANC Commissions, St. Luke Catholic Church, and Ward Memorial Church. We also work very closely with our Community Advisory Councils who provide us input and advice on our community outreach strategies and programming. This network of community stakeholders has helped us with community engagement and given us much needed resources to ensure our community's success.

In closing, East River Family Strengthening Collaborative is honored to receive these two grants through the Family First DC Initiative. We are grateful to all of the community leaders who partner with us and assist in providing resources to the Ward 7 community. We want to give a special thanks to Director Donald and Mayor Muriel Bowser for trusting our agency with this work. We are also thankful to Ms. Best for her leadership through this initiative and we will continue to be innovative and strategic in working with our community stakeholders to ensure we are providing resources to families who are most in need.

Thank you.

J'Mia Nicole Edwards (She, Her), [REDACTED]  
Before the Committee on Human Services, Child and Family Services Agency  
February 25, 2021

Hello, my name is J'Mia Nicole Edwards. I am a Ward 8 resident and a proud graduate of the Community Family Lifer Services Speakers Bureau. Thank you all very much for taking the time to listen to my testimony today.

I come to you today with 35 years of experience with the DC Child and Family Services Agency. Specifically, I hold 35 years of neglect, substance abuse, physical abuse and sexual abuse. As a child my family was separated due to CFSA action. As a parent I have also had contact with CFSA. My daughter was hospitalized over 23 times due to a severe mental illness before CFSA got involved. When CFSA did get involved they were able to help me negotiated with my insurance company and get my daughter the help she needs, but that help could have come sooner. Another incident occurred between my son and me. We got into a physical fight and CFSA was called. CFSA did not intervene further because no abuse was found, but my family was still in crisis. We were referred to outside organizations for assistance but in the transfer the ball was dropped. My family was dropped. We did not receive the help we needed. CFSA can be a positive force in the lives of DC residents, but it needs the resources to do so.

I ask that more funding be put toward hiring more social workers to help with overwhelming caseloads. This would allow social workers more time to actually work with families instead of rushing and just checking boxes. During my own childhood, CFSA's limited resources led to the file on my family being closed at many points without help being given. If CFSA had the proper resources, my own mental health issues and sexual abuse trauma would have been identified and I would be better equipped to show up for my own children.

This one step may help prevent a family from being dropped or going through cycles of wellness checks and interviews with no help being given. I also suggest hiring community support workers to help provide support to the social worker and client. We know this model does work as Whitman-Walker Health and Department of Behavioral Health continues to show that this strategy allows the system to effectively show up in the community.

I also ask that City Council would understand that cultural competence goes beyond just hiring Black workers. The city government needs to ensure that all workers understand poverty, economic and racial oppression, historical trauma and the impact on Black and Brown families. This would also help CFSA and the entire child welfare system to begin to address its negative community reputation and the trauma that has been inflicted on needy families. When CFSA works, it works well, but when it does not work children and parents get hurt and CFSA does not work when it does not have enough resources. District residents should not be afraid of CFSA, but see the agency as supportive system committed to help individuals such as myself who are survivors of a broken system that failed us as children and has not supported us as parents.

Thank you very much for your time and for listening to my testimony.

Testimony of  
Ms. Clarissa Hardy  
Foster Parent  
Public Witness

2021 Performance Oversight Child and Family Services Agency, CFSA  
Council of the District of Columbia  
Committee on Human Services  
Brianne Nadeau, Chair

February 25, 2020  
Via Zoom  
12:00 PM

Good afternoon Councilmember Nadeau and members of the committee. Thank you for allowing me the time today to provide testimony.

My name is Clarissa Hardy. I have been a foster parent for over 20 years and have adopted 8 children. I transferred to NCCF about 3 or 4 years ago from CFSA. My motto is, "every child that comes in my home is family, and will stay in my home until they are reunified with their biological family." I believe in the importance of the connection to the birth family and work to build a positive relationship with each youth's family by inviting them to birthday parties and constantly updating the family on the child's progress. Providing a loving home for children is my passion. If I could adopt all my children, I would.

Recently, I adopted a special needs child who had been in my care for over four years. When I found out that this child's sibling was in also in care, but in a separate placement, I looked for ways to advocate for my child's sibling. Additionally, I opened up my home as a placement, and if everything goes according to plan, I will adopt this child in the Spring.

I am an advocate for my children, and I have been supported in that by NCCF. They never made me feel as if I did not have the right to be that advocate. With my many years of experience, I have become a specialist in children who are medically fragile or have special needs. NCCF has really been a partner in helping me care for these children, and have been very willing to assist with doctor's appointments and acquiring services. They helped me secure speech and occupational therapy for my son. My social workers have always been responsive and helpful. If I need something, or if I ask for help, I can get it by communicating with the NCCF team.

Thank you again for allowing me to share this testimony today.

Testimony of  
Mr. Daryl Austin  
Foster Parent  
Public Witness

2021 Performance Oversight Child and Family Services Agency, CFSA  
Council of the District of Columbia  
Committee on Human Services  
Brianne Nadeau, Chair

February 25, 2020  
Via Zoom  
12:00 PM

Good afternoon Councilmember Nadeau and members of the committee. I appreciate you giving me the opportunity to provide testimony.

My name is Daryl Austin and together with my spouse Jamal Edmonds, we are proud foster parents with NCCF. For the past 2 ½ years, I have served on NCCF's Foster Parent Advisory Board. I believe that the advisory board plays an important role in both supporting foster parents and assisting NCCF with improving the foster parent experience.

I am not afraid of asking tough questions, and I continue to advocate for clear streamlined procedures for foster parents. I often serve as a resource to other foster parents and currently participate in monthly calls to help newer foster parents navigate the child welfare system and offer advice and supports for the complexities of navigating these procedures.

I foster teens, and recently had a teen placed with my family. I took part in planning NCCF's Teen Summit that will, hopefully, be happening in the near future. My experience with teens has given me first-hand knowledge of the impact that COVID has had on young people in the foster care system. NCCF has made an effort to incorporate and involve teens in online events but it continues to be a difficult group to engage. Online participation, beyond social media, has been a challenge over this past year because there is a lack of structured and interesting things for teens to do online.

Finally, I would like to advocate for more comprehensive information for foster parents about the children that come into our homes. In order to properly understand and sustain the children in our care, we need the whole picture of their experiences and challenges. I have learned to ask certain questions during a new placement. However, it would be beneficial to supply knowledge both upfront and as an ongoing process from a transition team outside of social workers in order to provide the best care possible for my foster children.

Thank you again for your time and attention.

I have been a foster parent for over 20 years and have adopted 8 children. I transferred to NCCF about 3 or 4 years ago from CFSA. My motto is, "every child that comes in my home is family, and will stay in my home until they are reunified with their biological family." I believe in the importance of the connection to the birth family and work to build a positive relationship with each youth's family by inviting them to birthday parties and constantly updating the family on the child's progress. Providing a loving home for children is my passion. If I could adopt all my children, I would.

Recently, I adopted a special needs child who had been in my care for over four years. When I found out that this child's sibling was in also in care, but in a separate placement, I looked for ways to advocate for my child's sibling. Additionally, I opened up my home as a placement, and if everything goes according to plan, I will adopt this child in the Spring.

I am an advocate for my children, and I have been supported in that by NCCF. They never made me feel as if I did not have the right to be that advocate. With my many years of experience, I have become a specialist in children who are medically fragile or have special needs. NCCF has really been a partner in helping me care for these children, and have been very willing to assist with doctor's appointments and acquiring services. They helped me secure speech and occupational therapy for my son. My social workers have always been responsive and helpful. If I need something, or if I ask for help, I can get it by communicating with the NCCF team.

Thank you again for allowing me to share this testimony today.

**Committee on Human Services: Child and Family Services Agency (CFSA)**  
**Performance Oversight Hearing**  
**Thursday, February 25, 2021, 12 p.m.**

**Written Testimony of Stacie B. Burgess, Kinship Care Provider**

Good Afternoon Chairwoman Nadeau and members of the Human Services Committee. My name is Stacie Burgess and I come before you today as a proud kinship care provider under the auspices of D.C.'s Child and Family Services Agency, in partnership with the National Center for Children and Families.

First and foremost, I commend CFSA Director Brenda Donald, Ana Burgos, and their team. They are doing an outstanding job of safeguarding children and families in Washington, D.C.

My husband, Johnney, and I, were born and raised in D.C. and have witnessed firsthand the collateral damage of issues such as substance abuse facing families across this region and across the country, many in low-income neighborhoods. Children, the most innocent among us, deserve a fighting chance and a fair shot at having a great life.

My cousin's son came with us on Christmas Eve in 2018. CFSA has worked consistently to ensure that our little guy, whom I affectionately call Honey Bear, resided in a safe, loving, and nurturing environment and they were equally as supportive of us as resource parents. More specifically, as kinship care providers.

We are thankful for the team of CFSA professionals and supportive services provided by the agency such as his therapist and tutor, as well as the unyielding support of our family ... his family ... connections, which are so important.

While in our care, our little guy has enjoyed a lot of "firsts": first vacation, first airplane ride near his birthday (and we arranged for him to meet the pilot and sit in the cockpit for a photo opportunity), first birthday party, first time on the honor roll and more! This year, he was voted as co-representative of his fourth-grade class. He enjoys cultural activities, attending church services (when we could safely participate), and just being a kid! No more behavioral issues and he is super kind, well-mannered, loving and most importantly, healthy and happy. Yes, he is living his best life!

The agency also worked diligently to provide supportive services for my cousin. Unfortunately, she did not take the necessary steps required to reunify with her children.

Therefore, because of CFSA's phenomenal kinship care model, we are on the road to adoption and our little guy, who is African American and nine years of age, will achieve permanency and will not linger in the foster care system.

I believe so strongly in CFSA's mission and strong record of performance, including during this global pandemic, that I recently trained with them as a co-facilitator for their kinship care classes, "Caring for Your Own." I am looking forward to my upcoming sessions to help inspire and educate others as they open their homes and their hearts to children who so desperately need them.

I am happy to respond to any questions you may have.

Thank you.

## Performance Oversight Hearing for Child and Family Services Agency

February 25, 2021

Testimony of Taylor C. Woodman, Public Witness (3 minutes)

Good afternoon and thank you to the council for inviting the public to share testimony. And to CFSA for providing performance data over the last challenging year.

My name is Taylor Woodman and I am a ward 4 resident and a current licensed resource parent for DC foster youth. I want to start by sharing that as a stakeholder and member of the CFSA community, I feel supported by their staff.

From the recruiter, Kathleen “Kathy” Stines, that opened the door to CFSA, to the resource parent support worker, Donna Elliott, who answers my questions to better advocate for the needs of the child in my care. CFSA has provided my family with high quality services. Additionally, the social worker, Bianca Matthews, assigned to our case is professional, empathetic, and knowledgeable. Interactions with CFSA’s talented staff keep me hopeful for the families and children that come into CFSA’s purview.

In my remaining time, I would like to testify to a few specific areas that were presented in the responses that CFSA submitted to the council.

- **Recruitment and Retention of Resource Parents should remain a priority.** I can confirm the strength of CFSA’s recruitment arm. CFSA offered a 1:1 consultation that built my confidence and provide a clear understanding of the role of the resource parent prior to training. However, I would urge the council and CFSA to focus their attention on the supports needed to retain resource parents. As indicated in the responses to question 85, there are almost 50 resource homes that have closed in the last year. To retain resource parents,
  - **Build Community Beyond Bond:** Continual investment in resource parent community building programming. For example, Deputy Director Ann O’Reilly and other administrators (Tanya Trice) offer monthly sessions that facilitate feedback sessions that connect resource parents to CFSA leadership and empower us in our role.
  - **Bridge the gap between the end of training and licensure completion.** Understandably, it takes time for resource parents to become licensed, given the safeguards in place to ensure they can safely take care of DC's children. Yet, this creates a lag time between resource parents entering the process and beginning their first placement. It would be valuable to invest in support for future resource parents during this time of limbo, in which they have completed training but do have access to the wider fostering community. Suggestions are to create a mentoring program, assigned the resource parent support worker earlier or dedicate funds to an outside organization like FAPAC to run support



programming that could include additional training or supports to strengthen the resources parents serving DC children and families.

- **I'd echo Margie from FAPAC's comments to encourage Interagency support to add Resource Parents as an earlier group for the COVID vaccine.** Questions 22's framing and responses do not acknowledge resource parents. Yet we have a legal mandate to ensure the children in our care maintain a connection to their biological families and kin. This means the child moves between homes and service-providers increasing the risk of exposure for resource parents. COVID-19 was indicated in responses to question 87 as reasons for disruptions to placements and home closures. I ask that CFSA and the Council please advocate for resource parents to be included with social workers for priority vaccinations, as we too are licensed care providers to the district's children. Vaccinating resource parents could help prevent further home closures and ensure the safety of those like me currently caring for children.

- **Vital Technological Infrastructure:**

COVID-19 disruptions have forced us to reimagine how we serve our stakeholders. Little attention is given to how technology will be utilized once in-person services and supports become the norm again. For instance, within the operations section or throughout the 147 page document.

Personally, technology has supplemented the in-person visits that our child receives. I have been able to hold additional visits with the biological family, share vital information and grow my relationship with the biological family through the virtual space, which has built trust and will lead to a smoother transition for the child. I would advocate for additional operating funds that specifically address technology.

Leveraging budgetary funds and interagency cooperation could lead to needed technological upgrades to the data reporting and project management; enhancing the placement matching tool; centralizing children's vital medical records, legal services and other important updates for biological and resource parents; encouraging interagency transfer of data (courts, health, etc.) and offer avenues for biological and resource parents to connect to strengthen reunification and transition.

Thank You!

Taylor Woodman

Testimony of  
**Jamarri White**  
Young Professional

**Child and Family Services Agency**  
**Performance Oversight Hearing FY 20/21 (First Quarter)**

**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON**  
**COMMITTEE ON HUMAN SERVICES**

**Virtual Meeting Platform**  
**Thursday February 25, 2021, 12 p.m.**  
**John A. Wilson Building**  
**1350 Pennsylvania Ave., N.W.**  
**Washington, D.C. 20004**

Thank you, DC City Council, for allowing me to share my testimony today. Being listened to about my foster care experience means a lot to me. My name is Jamarri White of Washington DC and I am 19 years old. I attend The Illustrious Howard University majoring in Computer Science. I am a sophomore. I came into foster care when I was 9 and was recently adopted in December 2020, so I have been in foster care half my life.

When I first came into foster care I felt as if it was going to be in prison because I did not have any control over my own life. My experiences with social workers and foster parents were difficult. No one asked about my schedule and decisions were made for me. I was told that I needed to be in meetings at any given time. I also had no say in any of my placements, except the failed kinship with my aunt and the loving exceptional family I'm with now.

I always felt as if the foster care agency was against my mom and not really trying to help her. I was told during my first month of foster care that I should not expect to go back home. I felt separated physically and emotionally. I also felt my mom was not getting the help that was necessary for me to return home. I heard lots of derogatory statements about my mom, that focused on her drug addiction and parenting abilities. Out of these painful experiences, I learned a lot about self-control. I love my mother; she's human, as we all are. Nothing I heard would ever make me love my mother any less. Nothing I heard would make me act different towards my mom. My mother is my mother.

All those years I spent defending her, while bouncing from home to home, are the gray areas of foster care. No one really asked how I felt past the surface. No one really catered to my mental health. Even in foster homes and when I did have a competent social worker, I still felt as if we were alone. Just me, Al, and my mom. I was only placed in houses, those weren't homes. Most of those foster parents were not fit to be parents any more than they thought my mom was. Just rules, restrictions, and allowance. Places to sleep. More obstacles to face in new

environments. All those years I was just looking out after my brother and after we were separated, I was just surviving. Just alive, put my head down and focused on my schoolwork.

It came time to go to college and then I was at my best. Light at the end of the tunnel? A way out of the system and on my own? I pushed full steam ahead my senior year. I earned a full ride when all scholarships were added up, thanks to OYE. I WAS SET. I had rekindled my relationship with my family. On paper I was recently adopted, however, I was already integrated into the family when I was first placed. I felt right at home and feel more at home than I've ever felt since entering the system. However, I am saddened for other youth who do not find their forever home. My family is great, probably the best CFSA has ever recruited. However, many foster kids don't find that match. I've witnessed and heard things first-hand about some of my peers and it truly breaks my heart. I wish they could enjoy the promised land with me.

I know that I have grown during the time I was in foster care. I have learned how to be disciplined, to assess a situation and make good choices, and to be my own best self-advocate.

The only recommendations I have is to evaluate people on AND OFF paper. Make sure you really know who you're dealing with before hiring social workers and foster parents. Are they genuine loving people or do they only look good on paper? A job that deals directly with kids and has so much influence on their upbringing, should not lack empathy or consideration for the kids and natural families. CFSA must be very mindful as they are dealing with kid's lives. That is all. Thanks again, DC City Council, for hearing me out.

Testimony of  
Leslie Allen  
State Administrator, Children's Choice of Maryland, Inc.

**Child and Family Services Agency's  
Performance Oversight Hearing FY 20/21 (First Quarter)**

**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON  
COMMITTEE ON HUMAN SERVICES**

Thursday, February 25, 2021, 12 p.m.  
Room 500, John A. Wilson Building  
1350 Pennsylvania Ave., N.W.  
Washington, D.C. 20004

Chairperson and members of the committee, my name is Leslie Allen, and I am here today representing Children's Choice. I am testifying on behalf of the Child and Family Services Agency about the thirty-six (36) bed contract for Intensive Foster Care.

Children's Choice of Maryland, Inc. is an accredited, private, non-profit child welfare agency, with thirty-eight (38) years of experience specializing in meeting the needs of children and adolescents with severe and debilitating special needs. While Children's Choice serves over 100 youth in out-of-home placement statewide, this program is limited to thirty-six (36) youth, four (4) social workers, and a supervisor. Thus, caseloads are capped at nine (9). The referrals represent approximately 5% of the District's most difficult youth and the contract was developed to meet their challenging placement needs. The youth served by our program have mental health/behavioral challenges that impact their ability to successfully function in the community on a daily basis. They have experienced complex trauma involving exposure to multiple traumatic events that are often invasive and interpersonal in nature and have severe, long-term effects which disrupt all aspects of the child's physical, emotional, and social development, including their ability to form secure attachments. All youth are diagnosed with a combination of serious emotional disturbance, drug addiction, medical conditions, and/or developmental delay and have a history of severe physical/verbal aggression, school truancy or refusal, frequent runaway behavior, failure to follow rules, significant and costly destruction of property, stealing, auto theft, gang involvement, drug dealing, trafficking, delinquent behavior, sexual perpetration, or criminal charges. Some may be pregnant or parenting teens. These youth are at risk for homelessness or incarceration as they approach adulthood. Most of our youth are returning to the community after lengthy stays in congregate care or require a transitional placement while

waiting for a more restrictive setting. Some have been denied placement in a Psychiatric Residential Treatment Facility due to the dangerous nature of their behaviors. Many youth require a home with no other children and, during the pandemic, a full-time stay-at-home parent. Overall, the youth served in Intensive Foster Care are the those that other programs are unable to accept for placement.

This year has seen tremendous growth during a time of unprecedented societal stress related to the pandemic. Since January of 2020, the contract has grown from nine (9) to thirty-two (32) youth with a total of forty-four (44) youth served. Of the twelve (12) discharged, eleven (11) were planned short term stays of less than thirty days (30) while awaiting other placements and one (1) youth was placed with kin inside the District. The year has focused on acclimating the staff and chain of command to the District's child welfare practices, the judicial system, and information databases. This rapid growth has been accompanied by staffing challenges with higher-than-average social work turnover largely attributable to the pandemic. To address this challenge, the agency has made modifications to the workforce by shifting the credentialing for the support worker position to require a master's degree to fill vacancies immediately with a trained and vetted social worker. While staffing challenges have occurred, service provision to the children in our care was maintained. Client contact and visitation requirements were met, case plans were implemented, support services were provided to foster parents, and regular team meetings occurred, all in accordance with CFSA requirements.

The pandemic has presented challenges for all children and families. Children's Choice has worked with CFSA to ensure that all youth have additional supports available, such as enhanced

financial reimbursement, assistance with daytime childcare, and provision of laptops and hotspots when not available through the public school system for virtual learning. Specialized training on COVID 19 has been offered this year to include the impact of the pandemic on special education, school refusal, mental health, and self-care. Planned and emergency respite and 24/7 in person crisis intervention have continued without interruption during the pandemic. One-on-one support services have been implemented on an as needed basis.

Placement stability is the primary need for all youth entering the program as they have demonstrated many placement disruptions. Four (4) youth, who have been in the program for a year and had experienced placement instability prior to placement with our agency, have had no placement moves and are experiencing stability for the first time. An additional twelve (12) youth placed less than one (1) year with Children's Choice have not had any placement moves. Nine (9) youth have had kin identified as placement resources and are working toward kinship approval and one (1) youth is pending reunification in the coming quarter.

Well-trained parents equipped to cope with the daily challenges of parenting children with traumatic histories experiencing mental health symptoms require a different parenting approach. Resource parents are required to obtain at least twenty-five (25) hours of competency-based training per year on topics approved by the agency and relevant to this challenging population. The staff therapist often conducts in-home, one-on-one training to the foster parents around the special needs of the child in that home. The principles of trauma-informed practice are infused in our daily practice and training focuses on how parenting a teen with a trauma history is different and requires special knowledge and skill on the part of the caregiver. The



components of trauma theory are used to assist foster parents in making “reasonable and prudent” parenting decisions as mandated by federal law and state/agency policy.

An integral component to placement stability requires accessible mental health services with qualified providers. Maryland Family Resources Core Service Agency partners with Children's Choice to provide individual, family, and group therapy to children not already linked to these specialized services. For youth placed out of area, Children's Choice has an agency therapist available to provide individual and group therapy. Furthermore, this therapist provides placement stability services to all families on an as needed basis.

When parenting children with significant behavioral special needs, effective crisis prevention and supports must be in place. With this population, behavioral challenges are anticipated and expected to occur frequently. Every member of the household, including the parent, youth in placement, and biological children have an individually tailored, behaviorally based support plan. These Support Plans identify individual triggers, develop effective responses to those triggers, and identify outside supports available on a moment's notice.

In conclusion, the Intensive Foster Care is a unique program with services tailored to meet the needs of each youth. The program seeks to match children experiencing placement instability with highly trained resource families who are supported by a team of qualified professionals to maintain those placements to children who historically would have resided in congregate care facilities. Children's Choice practices multiple placement strategies to support the children and

families served within the Intensive Foster Care program which stands out from less restrictive foster care programs.

Thank you for inviting me today to testify on behalf of CFSA regarding our specialized services and programming.

I am one of the very first fathers who has benefitted from the services and the prevention work that a Family Support Worker (FSW) provides through the Fatherhood Program. Before I enrolled in the program, I was lost to say the least; I did not know how to be a husband, much less how to be a father. If you are curious about how I could feel this way, I invite you to experience a snapshot of where I am coming from.

I grew up without either of my parents. At the age of nine, I left the place where my mother and I lived. My mother was living below the poverty line and never had access to the essentials such as housing, nutrition, education, or other vital services. My heart was destroyed from birth and the word trust was always a foreign language to me.

I remember the first time I saw my father's face, he told me that he had a bike for me and how sorry he was for not being present in my life. He said that he now was ready to work on establishing a relationship with me.

That promise only lasted one day and once again my heart was broken. I was more angry and disappointed at my very existence.

This left me growing up very confused. I had a constant battle inside of me not knowing who to blame -- myself or my parents. I would often ask myself, "What did I do to deserve this pain?" and "Am I such a bad person that I don't deserve the love of my family?"

My experiences as a child led me to make an important promise to myself. I determined that whatever happened, I would never abandon my children. I also made the decision that I would actively nurture my children and choose to give them quality time. It is important for me to be there through the ups and downs of life with them -- when they are crying, when they are laughing, having conversations with them that allow me to understand their emotions and feelings.

Through my participation in the Fatherhood Program, I learned essential tools that provided me with a reference of how to be a good husband and father. This was particularly important and powerful for me due to the previous lack of these examples in my life. I now understand that the meaning of manhood is not just go to work, come home, and wait to be served. In everything I do, I have learned to prioritize and consider the impact that my choices have on my family.

I am so grateful for the opportunity I now have to serve the men in the Fatherhood Program. My own support for the participants is heavily informed by my experiences as a child. I am able to see the experiences of these families through the lens of both father, as I am now a father myself, as well as that of a child desperately needing the support and love of a father.

Through this experience, I have learned that there are many other fathers who are in similar situations to my own, lacking the experience of having positive parental influences in their lives. This also serves to help deepen my connection with the fathers in the program in a real way, by strengthening the trust and rapport we are able to develop. In my experience, this is one of the best ways to build relationships with program participants.

These participants repeatedly share with me how the Fatherhood Program brought purpose, comfort and hope to their lives. Life is complex but being a **nurturing** father is a unique challenge of its own. The program serves these individuals in a very deep and meaningful way. These fathers are now not only

more confident in themselves, but the Fatherhood Program allows them to protect their own kids from going through the same challenges that they experienced as children.

The question is now why the Fatherhood Program must battle year after year for funding support. Some of these fathers have become isolated in the past when the program has ended, with no real answer from the FSW, other than there are no funds to continue with our services. Despite the striking evidence of the positive impact the Fatherhood Program makes in the lives of fathers, their families, and their communities, each year the program is continuously at risk of not being able to provide this ongoing support to fathers. Not providing funds for the program would take a great toll on these participant's lives and the lives of their children. Rather than continuing to support these fathers on their journeys, their hearts would once again be broken. Each of them has made themselves vulnerable in an effort to grow and become a better father. If the program were to be taken away from them now, it would be just as traumatic as when my dad brought me the bike, only to disappear again. The only difference is that this time the pain is caused by our own city, due to the individuals in power not prioritizing programs designed to focus on fathers.

With all due respect to the council members, please consider what you have seen and heard regarding the meaningful impact of the Fatherhood Program in our community. Can funds be designated to establish programs for fathers permanently once and for all? The answer to these questions should be a unanimous **yes**.

Thank you for your valuable time and consideration.

Oscar Centeno  
Family Support Worker,  
Fatherhood Program,  
Mary's Center



**Center for the  
Study of  
Social Policy**  
Ideas into Action

**Testimony of  
Center for the Study of Social Policy  
Court-appointed Monitor for *LaShawn A. v. Bowser*  
Judith Meltzer, Center for the Study of Social Policy  
Council of the District of Columbia, Committee on Human Services  
Oversight Hearing, Child and Family Services Agency  
February 25, 2021**

Thank you, Chairperson Nadeau and members of the Committee, for the opportunity to provide testimony at the Oversight Hearing of the Child and Family Services Agency (CFSA). My name is Judith Meltzer, President of the Center for the Study of Social Policy (CSSP), and the Court-appointed Monitor for the *LaShawn A. v. Bowser* federal class action lawsuit. As federal Court Monitor, CSSP independently assesses and reports to the federal Court and the public on the District of Columbia's compliance with the outcomes and standards of the *LaShawn* Modified Final Order (MFO) and its most recent update, the Exit and Sustainability Plan (ESP), which was adopted by the Court on October 31, 2019.

The *LaShawn* lawsuit and the resulting agreements and orders have been in effect since 1993. The complaint filed in 1989 against the District alleged that the District's child welfare system existed in "an ongoing state of crisis as severe as that experienced by many of the homes from which the system is removing children." Specifically, the complaint included allegations of unmanageable worker caseloads; uninvestigated reports of abuse; children staying in 90-day emergency care for years; untrained caseworkers and foster parents; overcrowded and unsafe foster homes; lack of case planning for children in care; inappropriate use of medication to control children's behavior; lack of reunification services to families; and no specialized placements for children with specialized needs. The *LaShawn* trial documented that the District at that time was failing miserably at supporting the well-being and safety of children and families – resulting in a far-reaching Modified Final Order requiring change.

There have been many ups and downs in the implementation of the *LaShawn* Orders over the last 30 years, but over that time and with considerable effort by many, the District's child welfare policies, systems, and services, as well as its practices to meet the needs of children and families, have been transformed. The formal child welfare agency has evolved from a department within an umbrella Department of Human Services, to its own independent agency whose Director reports

directly to the Mayor. The performance failures of the District's government overall and of its child welfare agency that existed when the lawsuit was filed do not exist today. At that time, the agency could not accurately identify the number of children and families it served; where children removed from their homes were placed; or whether children's health and behavioral health needs were ever assessed or met. The dramatic lapses exposed in the *LaShawn* lawsuit have been replaced by an agency that has for many years now been provided sufficient resources and has competent leadership and management, and front line staff capacity to carry out its mandated child protection, family preservation, and permanency functions. While the changes have been slow and there have been advances and declines with some performance issues that still exist, the District has made and sustained positive change in almost every area of its practice.

Infrastructure improvements in staffing, information systems, training, health care, contracting, and quality assurance, for example, and the development and financial support for community-based collaboratives, mental health services, and now the Family Success Centers have led to improved outcomes for the District's children, youth, and families.

Three decades is a very long time to remain under federal court oversight and late last year, the Parties began to negotiate a final path to exit. In recognition of the District's achievement of many commitments within the *LaShawn* MFO and ESP and continued progress toward those Exit Standards which have not yet been met, the Parties agreed to create a final Settlement Agreement that narrows the focus on those things that remain problematic and provides for accountability for the future without federal Court intervention. A Settlement Agreement was reached and presented to Judge Thomas Hogan in August 2020 that affirms the District's progress while focusing continuing efforts on some important elements where additional improvement is needed, with a particular focus on expanding the placement array and placement capacity to assure stable and appropriate placements for children in care; improving access to behavioral health services for children and families; and solidifying CFSA's efforts for ongoing quality improvement and public accountability. The Settlement Agreement specifically includes the following:

- As Court-appointed Monitor, CSSP will assess CFSA's performance in CY2020 on the existing *LaShawn* ESP requirements, including 23 performance and outcome measures within seven general areas of practice, specifically: 1) child protective services (CPS) investigations; 2) case planning and services to families and children to promote safety, permanency, and well-being; 3) social worker visitation to children experiencing a new placement, and visits between social workers and parents, and parents with their children; 4) appropriate and stable placements for children in foster care; 5) timely permanency; 6) timely provision of dental care, and distribution of Medicaid numbers and cards to caregivers; and 7) maintaining appropriate caseloads for social workers. This report will be presented to the Parties, the Court, and the public.

- In addition to current *LaShawn* expectations, as part of the new Settlement Agreement, CFSA agreed to some additional focused activities, expected to occur by December 31, 2020 or early in 2021. These include actions to address placement array shortages including: 1) selecting a provider and issuing a contract to develop a small specialized psychiatric residential treatment facility for children between the ages of eight and 12 in foster care; 2) authorizing, recruiting for, and licensing enough foster care placements to have a 10 percent built-in surplus of foster care beds, thereby creating more matching choices and prompt and appropriate placements for all children in care; 3) developing and staffing a more robust foster home recruitment plan to assist in these efforts; and 4) ensuring accessibility for clinical and therapeutic services, including wrap-around, for children and families by maintaining a minimum of four in-house behavioral health therapists, a behavioral health supervisor, and a psychiatric nurse practitioner; and maintaining a contract with a Core Service Agency to provide support and specialized therapeutic and crisis stabilization services to children in foster care and their families.
- In addition to the programmatic enhancements, the Settlement Agreement included commitments for the future and after exit from federal court oversight to ensure sustainability and public accountability, including: maintaining caseloads at or below *LaShawn* standards; continuing to carry out Quality Service Reviews annually; maintaining a public facing dashboard with current data and updated policies; and CFSA producing public performance reports with information validated by CSSP for a defined period post-exit.
- We are on schedule to provide a summary Table of Performance to the Parties by March 1, 2021, and issue a full public report to on March 31, 2021. By April 15, 2021, Plaintiffs can make additional inquiries, data requests, and seek answers to any follow-up questions to identify compliance issues reflected in the CY2020 monitoring report. The Settlement Agreement included requirements for good faith effort mediations regarding any concerns based on CY2020 performance and completion of additional activities.
- If no compliance concerns are raised to the Court by the Plaintiffs, a Fairness Hearing will occur, which is currently scheduled for June 1, 2021 at 10am. Following the Fairness Hearing and if approved by Judge Hogan, *LaShawn A v. Bowser* will be dismissed from federal court oversight, and the provisions within the new Settlement Agreement will remain legally enforceable as contractual obligations between the District of Columbia and Plaintiffs for a defined period. This ultimately means that the *LaShawn* legal action, with its accompanying federal court oversight and required external monitor, will cease although the remaining requirements within the contractual agreement between the District and Plaintiffs can be enforced in federal court if needed.

- Under the Settlement Agreement, the District is then required to prepare and issue public performance reports for two six-month periods – January through June 2021, and July through December 2021 – that will be validated by CSSP, whose role changes from Court-appointed Monitor to Independent Verification Agent. Unless an enforcement action is filed alleging breach of the Settlement Agreement during a specified period of time, the Settlement Agreement and all potential claims expire on the 181<sup>st</sup> day immediately following Defendant’s final public performance report. CFSA anticipates issuing its final report on March 15, 2022, thus the contract would expire on September 12, 2022.

At a hearing on August 20, 2020, Judge Hogan granted preliminary approval of the Settlement Agreement – final approval will need to come after the Fairness Hearing in June. The Court also scheduled a status hearing for April 20, 2021 at 2pm to assess if there are any issues that need to be addressed.

As we are still in the process of validating and finalizing performance data for CY2020, I am unable to provide specific performance toward all ESP requirements at this time. In assessing performance in all areas during CY2020, we have been cognizant of the potential for barriers and challenges imposed by the COVID-19 pandemic, and will be including discussion of these impacts within our analysis. For example, one area where this is particularly true is with dental visits for children, as many offices were closed for routine care for several months in the spring and summer and operating at reduced capacity this fall. I can share that we have been pleased to see CFSA has continued to maintain – and in some aspects improve – its quality of child protective services investigative practice. The quality of case planning and service provision – both measured through Quality Service Reviews – have also exceeded the Exit Standard requirements.

I believe that the structures being put in place – specifically CFSA’s public accountability and reporting commitments, combined with the District’s newly created Office of the Ombudsperson for Children – will provide for continued transparency and responsibility to the public and, most importantly, the communities and families being served. The Council will continue to play an integral and critical role in ensuring CFSA receives all necessary financial and administrative supports to maintain and continue to improve its ability to support the safety, permanency, and well-being of District children and families.

Thank you for providing this opportunity to testify. I am happy to answer any questions the Council may have.





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Testimony of  
Ralph D. Belk, LICSW, LCSW-C  
Deputy Executive Director, Program Administration  
The National Center for Children and Family (NCCF)

2021 Performance Oversight Child and Family Services Agency, CFSA  
Council of the District of Columbia  
Committee on Human Services  
Brienne Nadeau, Chair

February 25, 2021

VIA Zoom

12:00 pm

Good Afternoon. My name is Ralph Belk and I am the Deputy Executive Director at The National Center for Children and Families (NCCF). Thank you, Councilmember Nadeau and members of the Committee on Human Services for allowing me time to share testimony this afternoon.

NCCF is pleased to have been selected again by CFSA to serve as its primary provider of family based foster care services for youth from the District of Columbia who are placed in foster homes in Maryland. As we move into our new five-year contract, the dynamic NCCF team of professionals who make up our Innovative Family Connections Program continues to make progress as we are moving from benchmark performance to a greater emphasis on practice.

I would like to use my brief time to highlight a few of our successes, share some of our strategies that led to these achievements as well as review some of the profiles regarding the youth that the NCCF team serves.

#### **Successes:**

- NCCF is please to share that the team met or exceeded 13 out of 14 LaShawn Benchmarks during FY20. Missing by only 1%
- The 2019 Quality Service Reviews (QSR) documented significant improvement in practice with birth mothers:
- QSR Preliminary 2020 Report documents increased work with birth dads
- The QSR Noted NCCF's STRENGTHS IN SOCIAL WORK PRACTICE
  - Good understanding of the children/youth story
  - Engagement with birth parents
  - Team Formation
  - NCCF Behavioral Health Specialist involvement in cases
  - Shared parenting between foster parents and birth parents
  - Sibling placements
  - Concurrent planning
  - Placements were a good match and had a positive impact on the children's overall well-being
  - There were ongoing efforts to engage, assess and provide appropriate supports and services for resource parents

[www.nccf-cares.org](http://www.nccf-cares.org)

1438 Rhode Island Avenue, NE, Washington, DC 20018  
6301 Greentree Road, Bethesda, Maryland 20817

- **Increased Placement Stability**  
As noted in our report which is attached to Dr. Chapman's testimony, there was a reduction by 29.6 % in total moves in FY20 compared to FY19 (391) a reduction by 32 % unique moves compared to FY19 (343). While we continue to strive towards fewer placement moves, we are pleased that we are moving in the right direction.
- Foster Parent retention has increased. In FY20, NCCF retention rate was 74%. Thus far in FY21, NCCF foster parent retention rate is 95%.
- Children placed in licensed kinship homes is increasing:  
FY20 – 37% 165  
FY 21 – thus far this year, we are at 34%
- Despite the COVID 19 pandemic and the social distancing restrictions, NCCF is pleased to share that youth are still achieving permanency:
  - 103 (24%) NCCF clients achieved permanency FY 19
  - 122 (27%) NCCF clients achieved permanency in FY20.
  - 46 (14%) NCCF clients achieved permanency in FY21 to date

### **Youth Referral Profiles**

Although NCCF accepts the majority of the referrals from CFSA, the acuity of the youth referred to us has increased dramatically. Our most challenging youth present with the following:

- **Delinquent Behaviors:** include engagement in illegal, criminal and/or unsafe activities such as destruction of property, theft/robbery, AWOL, truancy, substance use etc.
- **Verbal Aggression:** includes yelling, offensive language, threats of destruction of property and/or physical harm towards peers and/or adults
- **Physical Aggression:** includes attempts or success at spitting, hitting, kicking, biting, and/or punching peers and/or adults
- **Sexualized Behaviors:** includes youth who engage in inappropriate sexualized actions towards self and/or others (incest, public masturbation, sexual aggression towards peers or adults)

### **Placement Stability Strategies**

As indicated earlier, placement stability has increased. To minimize placement changes for foster care youth, NCCF implemented several strategies that include:

1. Utilization of placement matching protocols and practices.
2. Facilitation of "Ice Breakers", when appropriate, between the resource family and youth.
3. Joint Interagency Clinical Case Review meetings between CFSA and NCCF Executive Management, Leadership and Case Management teams to establish clinical system interventions and best practices for high intense youth.
4. Weekly NCCF internal TSH Integration Leadership meetings at NCCF to review all placement disruptions.
5. NCCF placement staff meetings with youth in care (when appropriate) to assess their needs and preferences and provide the opportunity for self-determination with regards to placement options.
6. Placement Stability Meetings (PSM) facilitated by NCCF at the first indication of placement disruption or when a placement change request is submitted. PSM uses a strength-based model and are intended to address placement concerns to prevent disruption.
7. Assignment of a Behavioral Specialist for children ages 0 - 13 years who frequently exhibit maladaptive behaviors in the foster home.

8. Assignment of Specialized Outreach Workers for youth, ages 14 - 21 years, to assist with placement stability as well as to support their transition to adulthood by teaching life skills, social skills, problem-solving techniques, and volition.
9. Implementation of Foster Parent Coaches who provide additional supports to foster parents whose role is to care for youth who experience frequent placement disruptions due to maladaptive behaviors.
10. Utilization of Professional Foster Parents whose primary role is to care for youth who experience frequent placement disruptions due to maladaptive behaviors.

As NCCF is increasing its focus on practice we are doing a deep dive and completing data analytics on placement matching and acuity of youth resulting in the creation of a White Paper, the Art of Placement which NCCF would be pleased to share with this Committee. The goal of this work will be to further reduce placement disruptions.

### **Sex Trafficking**

NCCF continues to see the terrible toll of sex trafficking on this vulnerable population. We continue to be diligent regarding monitoring this population and is a member of the Commercial Exploitation of Children (CSEC) and Human Trafficking Committee in partnership with CFSA. NCCF additionally has a partnership with Courtney's House in Washington DC, who specializes in working with youth who are survivors of sex trafficking.

- NCCF has served 17 sex trafficked youth in FY21.
- Currently NCCF has 14 youth who are involved, suspected, or survivors of sex trafficking.
- There are 12 youth who are in a placement and there are 2 youth who are deemed missing/AWOL.
- 9 youth are in NCCF foster homes (64%).
- 2 youth are in therapeutic group homes or a PRTF facility (14%).
- 1 youth is in the care of a birth parent (7%).

All 14 youth (100%) are connected to formal services with providers (SAFE Shores, Courtney's House, Core Service agencies, therapists)

10 of NCCF sex trafficked youth (71%) are connected to the Courtney's House program.

6 youth are connected to Hope Court through the District of Columbia Superior Court which is a court specifically for sex trafficking survivors or youth suspected of sex trafficking with a designated judge and attorneys.

NCCF is in partnership with the National Center for Missing & Exploited Children (NCMEC). The Program Director, Ms. Janelle Witcher, has facilitated 3 presentations on Sex Trafficking of Abused and Neglected Youth and discussed notable trends to clinicians and leadership at NCMEC. The presentation also reviewed the impact of COVID with this population. NCCF's partnership with NCMEC has strengthened connections within the area to help improve service delivery and increase efforts to locate missing youth in this population. Additionally, in December, CSEC appointed attorney Rashida Priloleau conducted a Sex Trafficking training with the Innovative Family Connections (IFC) social work, case management team. As a result of the increased awareness of this growing population and need for psychoeducation, NCCF will begin to provide training on Sex Trafficking of Abused and Neglected Youth through the Institute for Mastery and Integration (IMI) to internal and external professionals after March 2021.

As we continue to strengthen our partnership with CFSA, NCCF looks forward to continuing to provide the excellent quality services that you have come to expect. We welcome your questions, comments, and feedback and thank you again for your time and attention.



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Testimony of  
Dr. Sheryl Brissett Chapman  
Executive Director  
The National Center for Children and Family (NCCF)

2021 Performance Oversight Child and Family Services Agency, CFSA  
Council of the District of Columbia  
Committee on Human Services  
Brienne Nadeau, Chair

February 25, 2021

VIA Zoom

12:00 pm

Good morning, Chairwoman Nadeau and members of the Committee on Human Services. My name is Dr. Sheryl Brissett Chapman, and I am the Executive Director of The National Center for Children and Families (NCCF). For well over a century, NCCF has cared for many of the District's most vulnerable children and youth and their families. It is my privilege to come before you again regarding the oversight of NCCF's private provider partnership with the Child and Family Services Agency (CFSA) of the District of Columbia.

As you know this is NCCF's second contract with CFSA, Temporary Safe Haven Reform (TSHR) which went into effect October 1, 2020. We are pleased to have been selected and to once again be working with our DC partners. As we look toward to the future of our continued service, I want to highlight some important achievements for our agency and my team and offer you a high-level overview. NCCF's Deputy Executive Director, Mr. Belk's testimony has provided many specifics. Additionally, we have attached as an appendix to provide additional information for your use.

We are pleased to inform the Committee that NCCF, as you have just heard, made significant progress in transitioning to this comprehensive family-based model in Maryland. We have initiated best practice and evidence informed support programs to ensure stability for the children in our care, and are compliant with Maryland's COMAR requirements for our Child Placement Agency License (CPA). Currently, NCCF is undergoing its regular Council on Accreditation (COA) national peer review and based on standards of best practices; we have developed and enhanced the agency protocols and processes to ensure continuous quality improvement and goal attainment.

[www.nccf-cares.org](http://www.nccf-cares.org)

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## Placements/ Stability

Data shows that: 1) we have made progress with a nearly 30% reduction in disruptions and unique placement moves were reduced by 26%, 2) the Foster Parent Coach Academy program has demonstrated its worth as a support by continuing to ensure that we retain quality, licensed foster and kinship parents and that the children in our care remain stable in their homes, 3) in FY 20, 271 out of 444 or 61%, and FY 21, 60% or 198 out of 327 (to date) were placed with NCCF as part of a sibling group, 4) the foster parent retention rate increased from 74% in FY 20 to 93% in FY 21 reflecting enhanced communication, training, peer consultation, and recognition, and 5) 12 youths were served by professional foster parents as a diversion from placement into residential treatment centers.

In FY 20, NCCF served 444 youth compared to 327 in FY 21 (to date). 9 out of every 10 (93%) case managed by NCCF live in a family-based placement (either a kinship or non-kinship foster family). We have noted that there is a significant increase in the acuity of the child referrals presented to NCCF. “Verbal aggression” continues to be a frequent reason for placement disruption for children and remains a concern for the agency. To combat this, we have increased training of both staff and foster parents to make certain that this challenging behavior is better understood and to provide coping strategies that ensure that this does not result in rejection.

Medical hospitalizations decreased in FY 20 by 12% but psychiatric hospitalizations increased by 12%. To date, in FY 21, these two categories are evenly divided, 4 medical and 4 psychiatric.

During FY 2020, a total of 141 foster homes were assigned foster parent coaches this fiscal year.

- 82% of the newly licensed homes were able to maintain placement stability during first 90 days of their new placement.
- 89% of homes caring for a child that has experienced 2 or more placement disruptions have maintained placement for at least 90 days
- 75% of homes referred by Program Directors to avoid potential placement disruption were able to maintain placement stability at minimum of 90 days
- 81% of homes were able to maintain a license by avoiding license suspension
- 100% of homes with foster parent who received a score of D or below on their annual performance evaluation made improvements in the areas noted.

During FY 2021 thus far (October-December 2020), a total of 61 foster homes have been assigned to a foster parent coach.

- 100% of the newly licensed homes were able to maintain placement stability during first 90 days of their new placement
- 88% of homes caring for a child that has experienced 2 or more placement disruptions have maintained placement for at least 90 days
- 100% of homes referred by Program Directors to avoid potential placement disruption were able to maintain placement stability at minimum of 90 days
- 100% of homes were able to maintain a license by avoiding license suspension.

## **Reunifications/Kinship/Permanency**

This year, NCCF has found a great deal of success in our reunification and permanency numbers. 122 (27%) NCCF clients achieved permanency in FY20 and 46 (14%) NCCF clients achieved permanency in FY21 to date. We have continued our strong focus on kinship placements resulting in an increased number of permanent arrangements for our foster children. A large percentage of children who have departed from the District of Columbia have found permanent homes with their extended family outside of the city lines. In FY 20, 165 or 37% of youth were placed with their kin; in FY 21 (to date) 111 or 34% of youth were with their kin. Since TSH, NCCF has increased kinship care placements, utilizing best practices for developing kin networks.

## **Formal Grievances**

This past year has seen a reduction in formal grievances for the agency. In FY 20, NCCF had a total of one Ombudsman complaint for a foster youth that was investigated and closed and one inquiry from a MD DHS worker. During FY 21 NCCF had two grievances to date. Both concerns were from kinship family members who wanted to visit and be connected to the youth in foster care who was their family member.

## **COVID IMPACT**

During this past year, NCCF staff has remained dedicated to serving the young persons in our care and their families. We have also been cognizant of the economic toil of the pandemic on funding budgets as well as the need to employ resources in a fiscally responsible fashion. However, the mental health and educational impact of the pandemic is something that deeply concerns our agency as it becomes more and more clear that this past year will create a lasting and significant impact on this vulnerable population of children and youth.

## **Mental Health**

Enhanced mental health supports are desperately needed for both youth in care and for their birth families. We have seen an increase in psychiatric hospitalizations over the past fiscal year. NCCF supports the call for school-based behavioral interventions and services. Furthermore, school-based counseling creates accessibility of mental health services to students who need more classroom management assistance to increase their emotional availability to learning. The CORE Service agencies are accessible to all District of Columbia residents. There is a main access helpline that will connect a resident to services. However, the length of time between the intake being completed and therapist assignment is concerning and therapist turnover rate is high. Additionally, we find that there are limited specialty mental health services (i.e.: difficulty getting a psycho-sexual evaluation)

It is NCCF's recommendation to have 2-3 in-house therapists to complement the in-house psychiatrist that serves NCCF youth who have a clinical diagnosis. This would streamline mental health services and decrease delays in therapist assignment. Further in-house therapists, would be able to offer enhanced communication by providing progress notes on our youth's therapy goals and monitoring overall of mental health services.

## **Education**



The NCCF culture values education and is committed to ensuring our youth receive the best educational support and assistance. At the beginning of COVID 19, in conjunction with CFSA Educational Specialists, NCCF ensured that all NCCF youth had a laptop for virtual learning devices. NCCF additionally communicated technology support help lines for the various school districts to our foster parent community.

Currently, two co-located CFSA Education Specialists are available to trouble shoot education issues. They have important educational expertise and are able to consult with the NCCF case management team and serve as a liaison to various school programs. NCCF is very appreciative of their roles and contribution to the NCCF team. The CFSA Education Specialist have limited capacity to serve NCCF youth with all their needs. As a result, NCCF is unable to fully comprehend the educational needs of all our school aged youth. The CFSA Education Specialist caseload reflects youth who had poor school performance, frequent suspension and truancy from the previous school year. Their case load average was 12 youth last fiscal year and this year an average caseload of 9. Although, NCCF routinely refers youth who are in need of an Education Specialist, referrals must be completed by assigned social workers who are not trained to assess youth educational needs and may be burdened with incorporating this task into their other duties. As a result of these processes, referrals from the NCCF team have been lower.

Our recommendation is that NCCF has 2-3 Educational Specialists in-house to serve NCCF foster youth. The NCCF ED Specialist would ensure that one hundred (100%) of youth are assigned to an Educational Specialist for monitoring. The NCCF Education Specialist case load would be triaged for intensive, intermediate and low-level educational support needed and will be able to provide online learning supports particularly for high school and college aged youth to avoid academic delays.

In conclusion, as NCCF continues to move forward with its partnership with CFSA, we look forward to furthering NCCF's mission to provide total, whole, and healthy childhood experiences for foster children in the District and to providing the excellent quality services. At this time, I welcome your questions, comments, and feedback and thank you again for your time and attention.



The National Center for  
Children and Families  
(NCCF)

Council Hearing Highlights

February 25, 2021



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## **I. Placement Services**

### **a. Number of Youth Served FY20 & FY21**

- FY20 (Oct.1, 2019 – Sept. 30, 2020) - 444
- FY21 (Oct. 1, 2020 – January 31, 2021) -327

### **b. Number of Kinship Youth vs. Non-Kinship FY20 & FY21**

#### **FY 20**

- NCCF served 444 clients
- 279 non-kinship clients (63%)
- 165 kinship clients (37%)

#### **FY 21**

- NCCF served 327 clients
- 216 non-kinship clients (66%)
- 111 kinship clients (34%)

### **c. Profile of Youth Referred**

- Number of Referrals: 241
- Referrals by Gender
  - Female: 143 (59%)
  - Males: 98 (41%)
- Referrals by Age
  - 0 - 5: 55 (23%)
  - 6 - 12: 59 (24%)
  - 13 - 17: 93 (39%)
  - 18 - 20: 31 (13%)
  - Not Specified: 3 (< 1%)

### **d. Behavioral Profile of Youth Referred**

- **Verbal Aggression: 26 (11%).** Verbal aggression includes yelling, offensive language, threats of destruction of property and/or physical harm towards peers and/or adults
- **Physical Aggression: 13 (< 1%).** Physical aggression includes attempts or success at spitting, hitting, kicking, biting, and/or punching peers and/or adults

- **Delinquent Behaviors: 28 (12%).** Delinquent behaviors include engagement in illegal, criminal and/or unsafe activities such as destruction of property, theft/robbery, AWOL, truancy, substance use etc.
- **Sexualized Behaviors: 4 (< 1%).** Sexualized behaviors include youth who engage in inappropriate sexualized actions towards self and/or others (incest, public masturbation, sexual aggression towards peers or adults)
- **Mental Health: 12 (< 1%).** Mental health included children and youth who exhibit extreme mental health crisis, suicidal and homicidal ideation, multiple hospitalizations, extreme changes in moods and/or behaviors; these children and youth qualify for mental health evaluation or they have been diagnosed but may not receive treatment or medication management.
- **Human Trafficking: 9 (< 1%).** Human trafficking includes youth who are exploited for sex or drugs; victims often have handlers that interfere with placement stabilization
- **Medically Fragile: 3 (< 1%).** Medically fragile include youth who require intestine medical services at all times including those diagnosed with autism.

**e. NCCF Foster Youth Available for Safe Haven Youth**

- **Total Available Number of Beds as of 2-15-2021:** 31
- **Total number of Beds on Hold:** 63

Traditional Youth	12
Treatment Youth	19
Medically Fragile Youth	2
Older Youth	2
Teen Parents	1 (pending)
LGBTQ Youth	2
Latino Youth	3

**f. NCCF Percentage of Siblings Placed FY20 and FY21**

*(Data source: FACES Report PLC010)*

- **FY 20 Siblings Placed FY20 (October 1, 2019 to September 30, 2020)**
  - NCCF served 444 clients in FY20
  - 271 out of 444 clients (61%) were clients with siblings
  - 61% of children placed with NCCF were part of a sibling group that was placed with NCCF
- **FY21 Siblings Placed (Partial) (FY 21 October 1, 2020 to January 31, 2021)**
  - NCCF served 327 clients in FY21
  - 198 out of the 327 clients (60%) were clients with siblings
  - 60% of children placed with NCCF were part of a sibling group that was placed with NCCF



**g. Professional Foster Parents- Number Served and Trends of Youth Placed**

- Number of Professional Foster Parents (PFP): 4
- Number of Youth Served by PFPs in FY 20: 10
- Number of Teen Parents Served by PFPs in FY20: 2
- Profile of Children/Youth served in PFP Homes
- Ten-year-old male who frequently exhibits physical aggression towards peers and adults and self-harming behaviors. Youth has had multiple hospitalizations and foster home disruptions. He is currently in a part-time hospitalization program during the school day. This youth was found hoarding sharp objects and have frequent anger outburst and emotional meltdowns. Foster youth is diagnosed with ADHD, ODD, and PTSD. Placement is currently unstable.
- Sixteen-year-old LGBTQ youth (male-to-female) who has disrupted from over 30 foster homes. Foster youth has a history of verbal aggression, destruction of property, and other antagonizing behaviors. Foster youth was diagnosed with several mental health concerns (depression, anxiety, PTSD, DMDD) and has expressed suicidal ideation in the past. She refuses mental health treatment. Foster youth is currently with kinship provider and the placement is at risk for disruption.
- Nineteen-year-old male who entered a PFP after being discharged from hospitalization to a lower-level of care. Foster youth has a history of verbal aggression, delinquent behaviors and untreated mental health. He was diagnosed with DMDD, ODD and depression at the time of placement. Placement is currently stable.
- Fifteen-year-old teen mother who has a history of verbal and physical aggression towards peers and adults and delinquent behaviors (AWOL, substance abuse, and destruction of property. Foster youth has had multiple disruptions and continues to refused mental health screening. Currently placed in a traditional foster home. Placement is unstable.
- Sixteen-year-old female who has an extensive mental health history and is a victim of human trafficking. Foster youth has severely diminished protective capacity and engages in delinquent behaviors. She has had multiple foster home disruptions and was recently detained due to luring men to be robbed. Placement is unstable; however, youth frequently AWOL.
- Seventeen-year-old female who has had multiple disruptions and frequently had anger outburst that includes verbal aggression. She has an extensive AWOL history and frequently engages in delinquent behaviors (substance use). There is suspicion of gang activity and human trafficking. Foster youth refused mental health screening and treatment. Currently placed in a traditional foster home with a parent who she has a close bond with. Placement is unstable.
- Nineteen-year-old teen mother who has had multiple disruptions due to verbal and physical aggression towards peers and adults. Foster youth's child was at risk for CPS involvement. Mental health history is unknown.

**h. Placement Moves Data- FY20 & FY21**

- FY20 October 1, 2019 to September 30, 2020
- FY21 October 1, 2020 to January 31, 2021 (Partial)

*(Data Source: FACES Report PLC257 Children with Placement Moves)*

**\*Please note there was a reduction by 29.6 % in total moves in FY20 compared to FY19 (391) and reduction by 32 % unique moves compared to FY19 (343).**

Total	362	304	304
Total FY 20:	275	233	0-5: 40 6-12: 74 13-17: 78 18-21: 41
Total FY 21:	87	71	0-5: 8 6-12: 24 13-17: 26 18-21: 13

**i. Trends of Youth that Disrupt Placements-FY20**

- **Number of Disruptions:** 136
- **Disruptions by Gender**
  - Female: 87 (64%)
  - Male: 49 (36%)
- **Disruptions by Age Group**
  - 0 - 5: 15 (11%)
  - 6 - 12: 37 (27%)
  - 13 - 17: 63 (46%)
  - 18 - 21: 21 (16%)
- **Foster Youth with Multiple Disruptions:** 22 (16%)
- **Reasons for Disruptions**
  - **Verbal Aggression:** 32 (24%). Verbal aggression includes yelling, offensive language, threats of destruction of property and/or physical harm towards peers and/or adults
  - **Physical Aggression:** 6 (< 1%). Physical aggression includes attempts or success at spitting, hitting, kicking, biting, and/or punching peers and/or adults

- **Delinquent Behaviors:** 28 (21%). Delinquent behaviors include engagement in illegal, criminal and/or unsafe activities such as destruction of property, theft/robbery, AWOL, truancy, substance use etc.
- **Sexualized Behaviors:** 2 (< 1%). Sexualized behaviors include youth who engage in inappropriate sexualized actions towards self and/or others (incest, public masturbation, sexual aggression towards peers or adults)
- **Mental Health:** 21 (15%). mental health included children and youth who exhibit extreme mental health crisis, suicidal and homicidal ideation, multiple hospitalizations, extreme changes in moods and/or behaviors; these children and youth qualify for mental health evaluation or they have been diagnosed but may not receive treatment or medication management
- **Human Trafficking:** 7 (< 1%). Human trafficking includes youth who are exploited for sex or drugs; victims often have traffickers that interfere with placement stabilization.
- **Medically Fragile:** 3 (< 1%). Medically fragile include youth who require intestine medical services at all times including those diagnosed with autism.

#### j. Placement Stabilization Supports

- To minimize placement changes for foster care youth, NCCF implemented several strategies to include:
  1. Utilization of placement matching protocols and practices; the FACES database is the first step to identifying a placement match; the process is documented below:

FACES stores information such as the resource parent(s) license capacity, household members, number of foster care youth in the home, resource parent(s) preferences, among other information. When a placement request is made in FACES by the Social Worker, the requester answers a series of questions as well as provide additional comments about the youth in need of placement. Once submitted, FACES populate a list of resource parents who may be a good match for placement. Although FACES provide a list of potential resource parents, the populated homes may not truly be available for use due to COMAR regulations (which are heavily monitored with reports also to MD DHS) or the resource parents' home is unavailable. CFSA and NCCF communicate by phone, email, or face-to-face to gather further demographic information regarding the youth, reason for placement change, determine availability and viability of the resource homes, and to share other pertinent information.

Additional information is then collected by communicating with the ongoing Social Worker or Social Worker Supervisor for the youth in need of placement. This information includes but is not limited to family history, personality and temperament of the child, medical/mental health diagnosis, dietary restrictions, service providers, school enrollment, behaviors, visitations, case goal etc.



Subsequent to information gathering, NCCF generates list of available homes that could be the best placement match. The Placement Specialist then contacts the resource parents in efforts to secure the placement.

2. Facilitation of “Ice Breakers”, when appropriate, between the resource family and youth; this allows the foster child and resource parent the opportunity to acclimate themselves with each other prior to solidifying the placement.
3. Joint Interagency Clinical Case Review meetings between CFSA and NCCF Executive Management, Leadership and Case Management teams to establish clinical system interventions and best practices for high intense youth.
4. Weekly TSH Integration Leadership meetings at NCCF to review all placement disruptions; the review includes demographic information of the youth (name, age, gender, behaviors, diagnosis etc.), disrupting resource parent, current resource parent/placement, reason for current disruption, number of disruptions the youth experienced within a 12-month period, assessment of youth’s needs, and strategies to prevent future disruptions.
5. NCCF placement staff meetings with youth in care (when appropriate) to assess their needs and preferences and provide the opportunity for self-determination with regards to placement options.
6. Placement Stability Meetings (PSM) facilitated by NCCF at the first indication of placement disruption or when a placement change request is submitted. PSM uses a strength-based model and are intended to address placement concerns to prevent disruption. PSM participants include but is not limited to the resource parent(s), the foster child’s network, social worker, NCCF parent resource staff, NCCF placement team, NCCF licensing team, and when clinically and/or developmentally appropriate the youth is able to participate. If a placement is not salvageable, the resource parent provide insight that could be helpful for future placements.
7. Assignment of a behavioral specialist for children ages 0 - 13 years who frequently exhibit maladaptive behaviors in the foster home; the behavioral specialist works closely with the foster children and resource parent(s) to encourage positive behaviors and promote placement stability
8. Assignment of specialized outreach workers for youth, ages 14 - 21 years, to assist with placement stability as well as to support their transition to adulthood by teaching life skills, social skills, problem-solving techniques, and volition
9. Implementation foster parent coaches who provide additional supports to foster parents who role is to care for youth who experience frequent placement disruptions due to maladaptive behaviors.



10. Utilization of Professional Foster Parents whose primary role is to care for youth who experience frequent placement disruptions due to maladaptive behaviors.

## **II. Foster Parent Services**

### **a. Number of Licensed Foster Homes-FY20 & FY21**

- On October 1, 2019, NCCF had 285 licensed foster homes. NCCF licensed 62 new foster homes between October 1, 2019 and September 30, 2020. Of those 347 homes, 257 remained licensed and 90 were closed, for a retention rate of 74 percent.
- At the beginning of FY21 (October 1, 2020), there were 257 foster homes. As of January 31, 2021, there were 266 licensed families. Thus far, NCCF has closed 28 homes, and 238 homes remain licensed for a current retention rate of 93 percent.

### **b. Licensed Kinship Homes Data FY20 & FY21**

#### **FY20**

**Total Licensed Kinship Homes:** 98 out of 347 (28%)

- 78 fully licensed homes out of 347 (22%)
- 20 Temporary Kinship Homes

#### **FY21**

**Total Licensed Kinship Homes Licensed:** 78 out 266 (29%)

- 62 fully Licensed homes out of 266 homes (23%)
- 16 Temporary Kinship Homes

### **c. Newly Licensed Kinship Foster Homes**

- FY20- NCCF newly licensed 39 out of 68 (57%) Kinship foster homes.
- FY21 -NCCF newly licensed 6 out of 16 (38%) Kinship foster homes to date.

### **d. Foster Parent Successes**

- NCCF implemented the Foster Parent Coach Academy in fiscal year 2020. Foster Parent Coaches provide one on one support to foster parents with a goal of maintaining placement stability. Foster Parent Coaches are assigned to: (1) newly licensed foster parent received first

placement; (2) foster parent caring for a child that has experienced 2 or more placement disruptions within a 6-month period; (3) foster parent who requested 2 or more foster child replacements within a 6-month period; (4) foster home with child/youth at risk of placement disruption; (5) foster home license at risk of suspension; and (6) to a foster parent who received a score of D or below on their annual performance evaluation.

- During FY 2020, a total of 141 foster homes were assigned foster parent coaches this fiscal year. Key results of homes which were assigned to a foster parent coaching are as follows: 82% of the newly licensed homes were able to maintain placement stability during first 90 days of their new placement. 89% of homes caring for a child that has experienced 2 or more placement disruptions have maintained placement for at least 90 days; 75% of homes referred by Program Directors to avoid potential placement disruption were able to maintain placement stability at minimum of 90 days; 81% of homes were able to maintain license by avoiding license suspension; and 100% of homes with foster parent who received a score of D or below on their annual performance evaluation made improvements in the areas noted.
- During FY 2021 thus far (October-December 2020), a total of 61 foster homes have been assigned to a foster parent coach. Key results of homes which have been assigned to a foster parent coaching are as follows: 100% of the newly licensed homes were able to maintain placement stability during first 90 days of their new placement; 88% of homes caring for a child that has experienced 2 or more placement disruptions have maintained placement for at least 90 days; 100% of homes referred by Program Directors to avoid potential placement disruption were able to maintain placement stability at minimum of 90 days; and 100% of homes were able to maintain license by avoiding license suspension.

**e. Foster and Adoptive Parent Advisory Board (FAPAB)**

The NCCF Foster Parent Advisory Board meets monthly.

The goal of the Foster and Adoptive Parent Advisory Board is to ensure that every child in foster care is placed in a temporary safe haven where they can thrive, be happy, and transition to safe, permanent care. The Foster and Adoptive Parent Advisory Board (FAPAB) joins with NCCF to provide a forum for hearing the voices of foster, adoptive, and kinship parents. The members are committed and dedicated to sharing their foster parent knowledge and experience to help the children and youth placed in NCCF's care. FAPAB:

1. Supports foster, adoptive, and kinship relatives as they strive to provide a temporary safe haven for children
2. Encourages effective partnership with birth families to prepare for the child's return home,
3. Advocates on behalf of foster, adoptive, kinship relatives and foster children, regarding best practices and positive outcomes

4. Ensures that the NCCF recommends and proposes to NCCF effective practices and timely solutions to challenges which prevent optimal foster parenting to highly vulnerable children and youth



**f. Foster Parent Support & Retention Activities FY20 & FY21**

▪ **FY20**

- December 2019 Annual Youth Holiday Party
- April 2020 Foster Parent Self-care event.
- May 2020 Maintain Your Beautiful – Parents learned about everything hair, skin and nails. Pantry beauty hacks and more.
- May 2020 Shark Tank – Parents pitched their business ideas and engaged their entrepreneurial mind.
- May 2020 Tell Your Story – Parents learned to write their own book, blog, manuscript and learned about production.
- May 2020 Virtual Dance Party – Parents and children enjoyed a DJ hosted party.
- May 2020 Cook with Us – Parents learned how to cook their own meals with foster children.
- June 2020 Part I Forum for Foster Parents – “Let’s Talk Part I Forum: A Conversation On Current Events”
- July 2020 Part II Forum for Foster Parents – “Let’s Talk Part I Forum: A Conversation On Current Events”
- September 2020 Annual Foster Parent Banquet

▪ **FY21**

- October 2020 Harvest Festival/Trunk or Treat
- January 21 Vision Board event
- February 25 2021 Black History Month Trivia

**g. COVID 19 Support to Foster Parents**

- virtual bi-monthly support groups (some specifically COVID 19 related)



- virtual engagement activities that included both the foster parent and youth in the home
- one on one calls from the case management team with all foster parents to check-in during the start of the pandemic
- \$250 stipend adjustment.
- survey to assess needs during COVID

### **III. Education**

#### **a. Percentage of Youth attending in Maryland vs. District of Columbia**

- As of 12/31/20, 184 school aged youth 67 (36%) youth attend Maryland Schools and 117 (64%) attend schools in the District of Columbia. (Source: FACES EDU 011 report).
- Additional 6 youth attend school in other states.

#### **b. Educational Trends-Impact of COVID 19**

- COVID 19 has impacted education in the following ways:
  - Interrupted learning- any disruption in learning time, just like over the summer, youth run the risk of not retaining information.
  - Parents unprepared for distance and home schooling- Parents who are working from home or who are not tech savvy are not equipped to support youth when challenges arise.
  - Gaps in childcare- For non-school age children there is limited child care which ensures youth are ready for school.
  - In addition, older youth who no longer attended childcare lack the structures activities which open them up to more peer pressure and risky behavior.
  - Social isolation- School provides social activities and social interaction which is essential to learning and development
  - Challenges measuring and validating learning- The disruption in standardized testing and in-person classroom testing challenges the validity of the learning as there is no checks and balances

#### **c. Educational Needs:**

- Co located CFSA Ed Specialist are limited in their role as they serve a specific caseload of children who failed, exhibit truancy and suspensions from the previous school year. With this strategy we are limited in our ability to target children who need additional supports in a timely and targeted fashion.

#### **d. Educational Supports FY 20**

**NCCF has provided supports to youth during COVID 19 in the following ways:**

- Ensured that all youth have distance learning devices
- Provided tech support to parents who may have been struggling with distance learning
- Provided childcare options for parents in need
- Increased Wellness Workshops to provide positive peer pressure and opportunities to socialize and discuss topics affecting youth FY20

#### **IV. Critical Incidents**

##### **a. Number of CPS reports-FY20 & FY21**

**\*In FY20 there were 66 CPS reports involving NCCF clients compared to 104 CPS reports in the prior fiscal year (FY19), a decrease of 36%.**

Out of 66 CPS in FY20, the highest category was physical abuse at 28% and neglect at 27%. All reports were unsubstantiated, unfounded or ruled out except for the 3 reports below were substantiated against a birth mother, a teen parent and a minor youth:

In FY20 & FY21 the highest category for reporters was NCCF staff at (42%). This speaks to NCCF's culture of transparency and ensuring all allegations are reported and investigated by a separate entity.

In FY21 52% of the CPS reports were made for COVID 19 tracking purpose. There were no reports in FY21 that were substantiated to date.

##### **FY20 CPS Reports**

- 66 CPS reports in FY20
- 8 of the 66 CPS reports (12%) were COVID-19 tracking

##### **FY21 CPS Reports (Partial)**

- 44 CPS Reports in FY21
- 23 of the 44 CPS reports (52%) were COVID-19 tracking

##### **FY20 and FY21**

- 110 CPS Reports in FY20 and FY21
- 67 out of the 110 CPS Reports (60%) in FY20 and FY21 were COVID-19 tracking

##### **b. Data- Percentage of Allegation Categories**

##### **FY20 CPS Reports (66)**

##### **Breakdown of FY20 CPS Allegations by type of Reporter**

- NCCF Staff (28) 42%
- School Staff (10) 15%
- Resource Staff (7) 11%
- Anonymous (4) 6%
- Police Officers/Detective (4) 6%
- Hospital (3) 4%
- Foster Parent (3) 4%
- Biological Parent (2) 3%
- Foster Child (2) 3%
- Family Member (1) 2%
- Pediatrician (1) 2%
- Residential Monitor (1) 2%

**Breakdown of FY20 CPS Reports by Type of Allegation**

- Physical Abuse (19) 28%
- Neglect (18) 27%
- Sexual Abuse (12) 18%
- COVID-19 (8) 12%
- Information Purpose (4) 6%
- Domestic Violence (2) 3%
- Emotional Abuse (1) 2%
- Physical Injury (1) 2%
- Non-Contact with NCCF (1) 2%

**Breakdown of FY20 CPS Reports by Outcome**

- Screened Out (32) 48%
- Unfounded (14) 22%
- COVID Tracking (8) 12%
- Information Purposes (4) 6%
- Substantiated (3) 4%
- Unsubstantiated (3) 4%
- Inconclusive (1) 2%
- Closed (1) 2%

**FY21 CPS Reports Partial (44)****Breakdown of FY21 CPS Allegations by Reporter**

- NCCF Staff (28) 63%
- Resource Staff (3) 7%
- Biological Parent (2) 5%
- School Staff (2) 5%
- Kinship Provider (2) 5%
- Family Member (2) 5%
- Probation Officer (1) 2%
- Police Officer (1) 2%
- Community Member (1) 2%
- Security Officer (1) 2%
- Anonymous (1) 2%

**Breakdown of FY21 CPS Reports by Type of Allegation**

- COVID-19 (23) 52%
- Sexual Abuse (10) 23%
- Physical Abuse (6) 14%
- Neglect (4) 9%
- Abscondance (1) 2%

**Breakdown of FY21 CPS Reports by Outcome**

- COVID Tracking (23) 52%
- Screened Out (10) 23%
- Unfounded (5) 12%
- Closed (4) 9%
- Founded/Open In-Home (1) 2%
- Information Purpose (1) 2%

### c. Hospitalizations Summary of FY20 NCCF Hospitalization Incident Reports

In FY 19 there were 24 total hospitalizations, (54%) 13/24 were medical and (46%) 11/24 were psychiatric. This is an overall increase of 2 (.08%) total hospitalizations compared to FY20.

Medical hospitalization decreased in FY20 by 12% and psychiatric hospitalizations increased by 12% in FY20.

- In Fiscal Year 2020, The National Center for Children and Families (NCCF) had 26 client hospitalizations. Of these 26 hospitalizations, 11(42%) were for medical reasons and 15 (58%) were for mental health concerns.

<b>Mental Health Incidents (15)</b>	<b>Outcome</b>
Youth took intentional extra puffs of inhaler and banged head against wall	Returned to foster home when discharged
Suicidal Ideation (3)	Returned to foster home when discharged
Suicidal ideation after returning from abscondance	Discharged back to foster home
Physical and verbal aggression	Discharged to foster home and then entered a residential program
Unsafe behaviors towards staff at school	Received treatment and returned foster home when discharged
Physical aggression with weapon (fork and knife) towards service providers	Discharged back to foster home after a psychiatric evaluation
Threatening behavior towards foster parent	Received psychiatric treatment and discharged to foster home
Physical Aggression (destroyed property)	Discharged to a PRTF
Physically aggressive behaviors towards neighborhood kids and foster parent	Discharged to residential treatment facility
Physically aggressive and unsafe behaviors (Pulled a box cutter on foster parent and broke window with stick)	Received treatment and discharged to different foster home
Violent and unsafe behavior in home and community (use of knives and threats towards boyfriend)	Received treatment and discharged to foster home
Hearing voices to harm himself	Received treatment and discharged back to foster home
Emotional instability	Received treatment and discharged back to foster home
<b>Medical Incidents (11)</b>	<b>Outcome</b>
Extreme Vomiting	Treated and Returned to foster home upon discharge
Birth of baby (3)	Babies born healthy, all mothers and babies discharged back to their foster home
Medical procedure	Received treatment and was discharged to foster home



Bad headaches	Discharged to foster home with instructions to take medication daily
Medically fragile child had increased heart rate	Received treatment and was discharged to foster home who could meet medical needs
Multisystem Inflammatory Syndrome- Children (MISC) related to previous diagnosis of Covid-19	Received medical treatment and returned to care with mother
Emergency molar extraction	Returned to foster home
Car Accident	No major injuries. Received treatment and returned to foster home
Fever and extreme stomach pain	Received treatment and discharged to foster home

**d. Summary of FY21 NCCF Hospitalization Incident Reports (October 1, 2020–December 31, 2020)**

In Fiscal Year 2021 as of December 30, 2020, The National Center for Children and Families (NCCF) had 8 client hospitalizations. Of these 8 hospitalizations, 4 (50%) were for medical reasons and 4 (50%) were for mental health concerns.

<b>Mental Health Incidents (4)</b>	<b>Outcome</b>
Physical Aggression (destroyed property, hit foster parent)	Discharged back to foster home
Physical Aggression	Pending discharge to residential treatment facility
Psychiatric Episode (A box of razor blades found in pocket)	Recommendation for inpatient stay
Inappropriate sexualized behaviors	Received treatment and discharged back to foster home
<b>Medical Incidents (4)</b>	<b>Outcome</b>
Medical Concern that needed IV treatment	Returned to foster home upon discharge
Birth of baby	Baby born healthy, mother and baby discharged back to their foster home
Medically fragile child's trach became dislodged	Received treatment and was discharged back to foster home
Miscarriage	Received treatment and was discharged back to foster home

**e. Formal Grievances FY20 and FY21**

**FY 20**

NCCF had a total of one Ombudsman complaint for foster Youth D. White and one inquiry from a MD DHS worker.

**FY21**

During FY 21 NCCF has had 3 grievances to date. Two were from kinship family members who wanted to visit and be connected to the youth in foster care who was their family member. The other a birth



mother who opposed her 16-year-old youth traveling out of state due to COVID 19 with the foster parents to the foster dad's father funeral.

## **V. Performance**

### **a. Benchmarks FY20 Lashawn Benchmark Performance**

NCCF met or exceeded 12 out of 14 Lashawn Benchmarks during FY20

*(Data Source: FACES database)*

- NCCF scored 97% and exceeded the benchmark by 7% for Worker visit 1 visit (CMT 165) to children in foster care placements benchmark of 90%
- NCCF scored 96% and exceeded the benchmark by 1% for Worker visit 2 visits (CMT 165) to children "In home" benchmark of 95%
- NCCF scored 95% and met the benchmark for Visits to children In-home 1 visit (CMT 166) to children in foster care placements benchmark of 95%
- NCCF scored 89% and exceeded the benchmark by 4% for Visits to children In-home 2 + visits (CMT 166) to children in foster care placements benchmark of 85%
- NCCF scored 95% and exceeded the benchmark by 5% for Child Case Plans (CMT 163) benchmark of 90%
- NCCF scored 92% and exceeded the benchmark by 2% for Family Case Plans (CMT164) benchmark of 90%
- NCCF scored 92% and exceeded the benchmark by 7% for Parent child reunification visit (CMT 012) benchmark of 85%
- NCCF scored 92% and exceeded the benchmark by 7% for Siblings visit 1 visit per month (CMT 219) benchmark of 85%
- NCCF scored 85% and exceeded the benchmark by 10% for Siblings visit 2+ visit per month (CMT219) benchmark of 75%
- NCCF scored 99% and exceeded the benchmark by 19% for Worker Re-unification visits (CMT 267) benchmark of 80%
- NCCF scored 93% and did not meet the benchmark by 3% for First 4 Weekly Visitation (CMT 014) benchmark of 90%
- NCCF scored 99% and exceeded the benchmark by 4% for Medical/Health Evaluation (HTH005) benchmark of 95%
- NCCF scored 72% and did not meet the benchmark by 13% for Dental Evaluation (HTH005) benchmark of 85%
- NCCF scored 84% and did not meet the benchmark by 6% for Pre-Placement Screening (HTH004) benchmark of 90%

### **b. Benchmarks - FY21 (Partial) Lashawn Benchmark Performance**

- NCCF scored 99% and exceeded the benchmark by 4% for Worker visit 1 visit (CMT 165) to children in foster care placements benchmark of 95%
- NCCF scored 97% and exceeded the benchmark by 7% for Worker visit 2 visits (CMT 165) to children in foster care placements benchmark of 90%

- NCCF scored 94% and did not meet the benchmark for Visits to children In-home 1 visit (CMT 166) to children in foster care placements benchmark of 95%
- NCCF scored 88% and exceeded the benchmark by 3% for Visits to children In-home 2 + visits (CMT 166) to children in foster care placements benchmark of 85%
- NCCF scored 96% and exceeded the benchmark by 6% for Child Case Plans (CMT 163) benchmark of 90%
- NCCF scored 96% and exceeded the benchmark by 6% for Family Case Plans (CMT 164) benchmark of 90%
- NCCF scored 91% and exceeded the benchmark by 6% for Parent Child reunification visit (CMT 012) benchmark of 85%
- NCCF scored 92% and exceeded the benchmark by 7% for Siblings visit 1 visit per month (CMT 219) benchmark of 85%
- NCCF scored 86% and exceeded the benchmark by 11% for Siblings visit 2+ visit per month (CMT219) benchmark of 75%
- NCCF scored 97% and exceeded the benchmark by 7% for First 4 Weekly Visitation (CMT 014) benchmark of 90%
- NCCF scored 96% and exceeded the benchmark by 16% for Worker Re-unification visits (CMT 267) benchmark of 80%
- NCCF scored 95% and met the benchmark for Medical/Health Evaluation (HTH005) benchmark of 95%
- NCCF scored 96% and exceeded the benchmark by 11% for Dental Evaluation (HTH005) benchmark of 85%
- NCCF score 92% and exceeded the benchmark by 2% for Pre-Placement Screening (HTH004) benchmark of 90%

**c. Contract Deliverables**

- In September 2020, CMD performance monitors reviewed 120 staff records remotely, constituting the full roster of approved staff who are actively working for NCCF under the TSH contract. This audit examined: staff clearances, confirmation of approval to work under the contract, social work licenses for social work staff. Of the 120 NCCF employee records reviewed, 120 (100%) had all required clearances and licensures under the TSH contract.
- CMD monitors examined NCCF's clinical staff's training hours. Ten staff members were required to complete pre-service training within the 2020 training year. NCCF achieved compliance related to pre-service training hours with ten of the 10 (100%) new staff members completing pre-service training within the TSH contract requirements.
- Out of the contract deliverables that were due in FY20, twenty items were due as part of the monthly, quarterly, and annual reporting requirements. Eighteen of the twenty (90%) of the monthly, quarterly, or annual deliverables were submitted to CMD timely.
- CMD reviewed 33 case records in FY20. NCCF's reviews highlighted several areas of strength that were consistent throughout the cases reviewed. Thirty- two out of the thirty-three (97%) of the files reviewed had a documented plan that reflects the needs of the child/ family. Thirty- one out of thirty-three (94%) of the cases reviewed had evidence of NCCF teaming with stakeholders, assessments of safety, and provided safety interventions in each of the cases reviewed.

**d. Permanency Achieved**

- 122 (27%) NCCF clients achieved permanency in FY20.
- 46 (14%) NCCF clients achieved permanency in FY21 to date.

**FY20 NCCF Permanencies Achieved by Type (n=122)**

- 41 NCCF clients (34%) achieved permanency through reunification
- 44 NCCF clients (36%) achieved permanency through adoption
- 26 NCCF clients (21%) achieved permanency through guardianship
- 10 NCCF clients (8%) achieved permanency through emancipation
- 1 NCCF client (1%) transferred to a District agency to achieve permanency

**FY21 NCCF Permanencies Achieved by Type (n=46)**

- 11 NCCF clients (24%) achieved permanency through reunification
- 16 NCCF clients (35%) achieved permanency through adoption
- 13 NCCF clients (28%) achieved permanency through guardianship
- 6 NCCF clients (13%) achieved permanency through emancipation

**Testimony of Josh Gupta-Kagan**  
**Professor of Law, University of South Carolina**  
**Committee on Human Services, Child and Family Services Agency Performance Oversight**  
**Hearing**  
**February 25, 2021**  
**Submitted by email: [humanservices@dccouncil.us](mailto:humanservices@dccouncil.us)**

To Members of the Committee on Human Services:

Thank you for the opportunity to submit written testimony regarding the performance of the Child and Family Services Agency (CFSA). I am a Professor of Law at the University of South Carolina School of Law. I submit this testimony both in that role, and as someone who spent 2005-2011 working in the District's child protection system as an attorney at the Children's Law Center.<sup>1</sup>

I submit this testimony to address one aspect of CFSA's practice – its use of hidden foster care to separate children from parents *without* triggering checks and balances on its actions from either lawyers in individual cases or from the Council systemically. In particular, I recommend that the Council insist on reforms to CFSA's practice and its policy on the topic<sup>2</sup> so that the parent-child separations are subject to meaningful checks and balances.

**What is “hidden foster care”?**

CFSA operates a child protection system in which it formally removes a few hundred children from their parents each year. (In its annual report to the public and the Council, it states that it removed 216 children in FY 2020, or, going back to a pre-pandemic year, 378 in FY 2019.)

The real number of children who CFSA separates from their parents, however, is significantly higher, due to hidden foster care.

Here's how it works: CFSA investigates an allegation of abuse or neglect, concludes a parent has abused or neglected a child, and further decides that the child is in such danger with the parent that the child needs to live elsewhere immediately. The agency identifies kin who can take care of the child—the child's grandparent, aunt or uncle, or godparent—and acts to ensure the child lives with that person, at least temporarily.

At this point, one might expect that the agency would have initiated a family court abuse or neglect case to review the agency's action and evidence and authorize the child's removal. After all, CFSA is infringing on one of our most precious constitutional rights – that of a parent and child to live together. And much evidence shows that children are traumatized when they are forced apart from their parents – even when their parents are far from perfect – regardless of the legal or administrative mechanism for such separations. But in hidden foster care, there are no checks and balances. Instead of trigger a court process, CFSA induces parents to transfer physical custody to

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<sup>1</sup> Of course, I testify on my behalf only and do not speak for either the University of South Carolina or my prior employer, the Children's Law Center.

<sup>2</sup> CFSA Administrative Issuance 20-1, “Diversion Process at Investigations,” July 13, 2020, [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI\\_-\\_Diversion\\_Process\\_at\\_Investigations\\_Final\\_July\\_2020\\_3.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI_-_Diversion_Process_at_Investigations_Final_July_2020_3.pdf).



kinship caregivers by threatening to place the children in foster care, possibly with strangers, and bring an abuse or neglect case against them in family court if they do not.

These actions are effectively like foster care. They separate parents and children, imposing the same traumas as formal foster care. Children live with kin – just as they often live with kin in the formal foster care system. And these parent-child separations can last indefinitely, sometimes permanently.

But these agency actions are hidden from the family courts, because agencies file no petition alleging abuse or neglect, and hidden from the Council and from the public, because CFSA does not generally report these cases in its annual report.

This practice is hidden foster care, which I have written about academically,<sup>3</sup> and which child advocates around the country have written about with concern.<sup>4</sup>

### **Concerns with hidden foster care**

While such kinship arrangements sometimes reflect parents' true wishes and the best option for children, hidden foster care raises a set of concerns.

Foremost is whether these children truly need to be separated from their parents. While parents nominally agree to hidden foster care, they do so following agency threats. Because no court oversight follows, there are no checks and balances on the agency's decision that children must be separated from their parents. No lawyers for the parents challenge whether the parent truly abused or neglected the child, whether any maltreatment threatened imminent harm, or whether alternatives to a parent-child separation existed, and no judges determine whether such a separation is truly necessary.

This concern is particularly apt in light of CFSA's Administrative Issuance 20-1, which guides CFSA staff in implementing hidden foster care, or what CFSA calls "diversion."<sup>5</sup> That policy document is striking – even shocking – in its silence regarding any checks and balances before CFSA separates parents and children. Under the policy (Paragraph 1), a CFSA caseworker and his/her supervisor and program manager determine if a child and parent should be separated. There is no role spelled out for the parents themselves, who are, after all, legally empowered to make choices for their children, and constitutionally presumed to make choices in their best interests. There is no discussion of a parent getting to consult with a lawyer, or any steps to ensure that the parent voluntarily agrees to this separation.

To be clear, parents have the legal power to place their children with family members, and we should protect that power. But such decisions must be voluntary. When a state agency threatens parents and kin that children will be placed in stranger foster care unless a family member agrees to

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<sup>3</sup> Josh Gupta-Kagan, *America's Hidden Foster Care System*, 72 Stan. L. Rev. 841 (2020),

<https://review.law.stanford.edu/wp-content/uploads/sites/3/2020/04/Gupta-Kagan-72-Stan.-L.-Rev.-841.pdf>.

<sup>4</sup> E.g., Angie Schwartz & Cathy Krebs, *Addressing Hidden Foster Care: The Human Impact and Ideas for Solutions*, American Bar Association, March 31, 2020, <https://www.americanbar.org/groups/litigation/committees/childrens-rights/articles/2020/addressing-hidden-foster-care-the-human-impact-and-ideas-for-solutions/>.

<sup>5</sup> "Diversion" programs provide an alternative to formal family court procedures. The best diversion actions do so while also preventing a parent-child separation and the trauma that entails. While hidden foster care certainly diverts children and families away from family court and formal foster care, it does *not* prevent such separations.

take them, voluntariness is seriously in question. Multiple federal courts have ruled that if an agency lacks a legal basis to force a parent-child separation in court, then imposing a safety plan is an involuntary, and does not respect parents' due process rights.<sup>6</sup> Without any checks and balances spelled out in CFSA's policy, the Council should expect similar constitutional violations here in the District.

The risk of unlawfully coerced or otherwise unnecessary parent-child separations is particularly high given the immense power imbalances in these interactions. CFSA is an agency with the power to destroy families. Families faced with a demand from CFSA for a parent-child separation are overwhelmingly poor (often extremely poor), unfamiliar with child protection law and practice, and otherwise vulnerable. This is not an equal playing field. Without checks and balances, we should anticipate that coercive decisions and unnecessary parent-child separations occur.

Kinship care is, of course, generally preferable to placement with strangers – but that does not justify removing these basic checks and balances. As the U.S. Supreme Court said in a [1979 kinship care case](#), using kinship care should not relieve the state of its “obligation to justify its removal of a dependent child;” all children, the Court ruled, deserve “protect[ion] from unnecessary removal.”

Once an agency removes a child into hidden foster care, there are no checks and balances about what happens next. What must the parent do to regain his/her child? When should the child return home? What visitation arrangements should exist in the meantime? These are all essential and often difficult questions that would be answered better with checks and balances.

An agency also skirts other legal obligations by using hidden foster care. By avoiding a court case, hidden foster care lets agencies avoid their duty to make reasonable efforts to prevent removal and, once the child is separated from the parent, to reunify the family. In the formal foster care system, a detailed body of law and family court oversight in which parents have counsel exist to ensure families have appropriate case plans and the agency works effectively to reunify families. Moreover, the child may lose out on certain services and legal rights, such as the right to assistance from the agency to continue attending his/her school of origin while temporarily separated from a parent.

Hidden foster care also lets an agency avoid its obligation to pay licensed kinship foster parents a foster care subsidy, leaving kinship caregivers able only to access more meager TANF benefits; the agency facilitates kinship foster care on the cheap. Meanwhile, kinship caregivers – who in the aggregate are much less well-off financially than stranger foster parents – do not get the financial support they may need, and they and the children in their care remain in poverty.

Finally, when hidden foster care does not result in a legal custody change (as it usually does not), CFSA sometimes leaves children in dangerous situations. If a child truly does need protection from a parent, hidden foster care does not protect against such a parent picking up the child – after all, only physical custody has changed, and parents retain legal custody.

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<sup>6</sup> *E.g.* *Schulkers v. Kammer*, 955 F.3d 520 (6<sup>th</sup> Cir. 2020); *Croft v. Westmoreland Cty. Children & Youth Servs.*, 103 F.3d 1123 (3d Cir. 1997).

## **Solutions**

This practice is long overdue for more careful regulation than CFSA or the Council have provided. I want to be clear that the practice of parents *voluntarily* shifting physical custody to kin as an alternative to a family court case and foster care should remain. Parents have the right to make that decision. But the practice requires meaningful regulation to ensure that the parent-child separation is truly necessary, and that parents truly make that decision voluntarily.

I recommend several steps:

First, and most important, CFSA should work with the family court to provide counsel to parents whenever CFSA determines that a parent-child separation is possible. Such counsel can advise parents about their legal rights, so parents can make a truly voluntary decision. Such legal representation can provide an essential check and balance on CFSA actions, both when a parent-child separation occurs and when a parent is ready to reunify. Providing counsel to parents is the single best way to level the uneven playing field between CFSA and families. And under recent federal administrative changes, provision of counsel in these cases can trigger federal funding under Title IV-E of the Social Security Act.<sup>7</sup>

Relatedly, when hidden foster care cases become third party custody cases – that is, when the kinship caregiver files a custody case in the family court – the Council should work to provide parents with an appointed attorney if they cannot afford one.

Second, CFSA should develop procedures for parents, with their counsel, to challenge the need for a parent-child separation, or for such separation to continue if the parent believes any safety risk has been addressed. These could be administrative or judicial procedures; the essential point is that some procedures to check CFSA authority is essential.

Third, CFSA should use custodial powers of attorney to facilitate such informal custody changes. District law (D.C. Code § 21-2301) already provides for this mechanism for a parent to shift custody temporarily to someone else. Importantly, this provision keeps power with a parent, where it belongs. The parent can revoke the custodial power of attorney at any time, and the law protects against anyone using the custodial power of attorney in any future custody case. (Of course, if a parent revokes a power of attorney in a way that creates an imminent risk to the child, existing child protection laws permit CFSA to act to protect the child.)

Fourth, the Council should require CFSA to provide a full accounting of its hidden foster care practice; the extent of this practice should be hidden no more from the Council's oversight. The good news from CFSA's policy is that it already requires CFSA staff to report all such cases. The Council should insist that this information is reported publicly in CFSA's annual report. It is also essential that this information include what happens to children after they are "diverted" through hidden foster care – do they return home (and after how long), stay in informal kinship care (and for how long), become the subject of a third party custody action, get removed by CFSA into formal

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<sup>7</sup> Such federal funding is available for independent representation for parents of children who are "candidates for foster care," a category that includes children who CFSA concludes must be separated from their parents. Child Welfare Policy Manual, § 8.1B, Question 30, [https://www.acf.hhs.gov/cwpm/public\\_html/programs/cb/laws\\_policies/laws/cwpm/policy\\_dsp.jsp?citID=36](https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=36).

foster care, or something else? How many benefit from CFSA's grandparent caregivers program? How many are the subjects of substantiated abuse or neglect in the future? Without knowing what happens to children separated from their parents, the Council, CFSA, and the public cannot adequately evaluate this practice.

### **Conclusion**

I urge the Council to insist that CFSA regulate hidden foster care meaningfully and immediately, and that the Council pursue legislative fixes if CFSA fails to do so. If I can be of any assistance in this process, please do not hesitate to contact me. Thank you again for the opportunity to testify.



Washington, D.C.

1/14/21

For the Father Child Attachment Program

Topic: Gratitude

Juan Carlos Chajon expresses all and my sincerest thanks to a most noble person that Oscar Centeno is for the excellent work he does. In the month of December, for the holidays, the work that he did through his arduous effort and dedication provided clothing, shoes, and food to me and my family. Given that I have been without work, my income and resources have been low and not available due to the pandemic that we are still living through. That said, without those resources, I would have been, economically, broke.

I thank god that I have met a human being of such goodwill that Oscar has been with his blessings to our family. My wife, Dalia, my children Carlos and Benerick also send their greetings and thanks. It is really good to know that we can count on such a great program in Washington, D.C. that the Father Child Attachment Program.

I leave you all with a big hug and hoping that you all can continue to do this great work of supporting families with love and effort. With your support, we were able to have one of the best Christmases we have ever had. May god bless you.

Sincerely,

Juan Carlos Chajon and Family

## **DC Committee on Human Services Agency Performance Oversight**

Testimony of Kathryn A. Piper, JD, PhD on Kinship Care Diversion on behalf of the American Professional Society on the Abuse of Children (APSAC)

**Introduction:** This written testimony is submitted on behalf of APSAC out of concern for the safety, permanence and well-being of maltreated children diverted from foster care to kinship care without court involvement. [APSAC](#) is a nonprofit, national professional society focused on meeting the needs of professionals engaged in all aspects of providing services for maltreated children and their families. APSAC's mission is to improve society's response to the abuse and neglect of its children.

### **Potential pitfalls to placement with kinship diversion:**

Most child advocates, including APSAC, agree that when children are found to have been abused and/or neglected and it is unsafe for them to remain in their home, the best option is placement with fit and caring relatives with whom the children have an established relationship. Kinship placements can be less traumatizing for the child, allowing the child to stay connected with their family and community. Moreover, prioritizing placement with relatives in foster care is required by federal funding law--42 U.S.C. § 671(a)(29).

However, pitfalls can occasionally occur with such placements:

- Kin may not perceive the negative impact of the home environment on the child's behaviors and join the parent in blaming the child.
- Kin may not believe the allegations of abuse/neglect and therefore may not see a need to protect the child from further abuse/neglect or pressure on the child to recant. In cases of sexual abuse especially, whether or not a caregiver believes the child and is able to support a child's therapeutic needs has a critical impact on that child's ability to heal.
- Kin may agree to take a child as the result of family pressure without a true commitment to caring for the child long-term.
- Kin may undermine reunification efforts if they have a hostile relationship with the parents.
- Relatives themselves may be abusive or neglectful toward the child because they come from the same troubled family background that led the parent to mistreat the child (Marsh & Piper, 2009, p. 9-10).

Thus, the appropriateness of such placements must be made on a case-by-case basis taking into account the facts and circumstances of the individual case. When relatives are fit and able to meet the needs of the maltreated child, APSAC fully supports kinship care. It is *diversion*, that is, circumvention of the legal system that APSAC opposes.

When a petition has been filed in juvenile court in cases involving child maltreatment, parents and children are appointed lawyers. Court oversight ensures that there is proof that 1) the children have been abused &/or neglected; 2) each parent unfit (where one parent is fit, the

child should be placed with that parent); 3) removal of the children from their home is necessary for their safety and well-being; and 4) the child protection agency (CFSA in DC) has made reasonable efforts (i.e., provided services) to prevent the child's removal. If so proven, the child is placed in state's custody which guarantees the child a number of rights and resources and a case plan is adopted, compliance with which is designed to ensure a safe and timely reunification of parent and child or, if not, some other permanent arrangement for the child.. The child protection social workers continue to assist the family (including the kinship care provider, when a child is placed within the kin network), monitor participation and progress in services and act, when necessary, as a buffer between parents and kinship caregivers.

Increasingly child protection agencies have instead opted for an alternative to court oversight by encouraging parents to "voluntarily" transfer custody of the children to a relative. APSAC has many concerns about the practice of kinship diversion.

**The child has no voice:** Professor Joshua Gupta-Kagan recommends the use of funding, made available by the Family First Prevention Services Act, to pay for lawyers for parents when state action results in a change in custody of children prior to or without the filing of a petition in juvenile court. APSAC advocates that children, too, be provided with legal representation. APSAC finds it concerning that in most cases of kinship diversion, the parents are allowed to identify the kinship caregiver (Malm, Sepulveda, & Abbott, 2019, p. 2).

Under the US constitution, parents are presumed capable to make decisions about their children's care, custody and control in the best interests of their children. (Troxel v. Granville, 530 U.S. 57, 2000). However, this presumption no longer holds where parents have abused and/or neglected their children and have been found to be "unfit." Neither should this presumption hold in cases of kinship diversion, where the public child protection agency has determined that the child is not safe in the parental home. Children who are the subject of these diversionary efforts deserve an independent voice regarding their placement.

**The children do not have the same rights and level of support and services as foster children placed with kin as licensed foster parents:** Often these children are traumatized and challenging to care for. The lack of resources provided for children and their kinship caregivers in diversion situations too often results in placement instability, as children bounce from relative to relative or are returned to parents with no assessment of the safety and risks of reunification.

**Diverted children have no guarantee of permanence:** The arrangements for a change in custody from the parents to the kinship caregivers at the encouragement of the child protection agencies usually have no limits on their duration and may be haphazard. Thus, children are often left in limbo for years. No one knows what happens to these children after the child protection agency closes the case.

**There is no data about the scope and outcomes of kinship diversion:** Because child protection agencies are not required by the federal Children's Bureau to report cases of kinship diversion, it is difficult to know how often these occur, and what happens to these children once diverted from foster care. We don't know: the number of placement changes, whether children are reunited with

their parents and how long it takes for that to happen, whether children are re-reported for maltreatment, whether children obtain permanence, and if so, how and how long did it take, and what are diverted children's long-term outcomes-educational, legal and behavioral. Without this data, this Committee has no way of knowing whether CFSA is meeting its goals of safety, permanence and well-being for maltreated children.

**Too often only physical custody is transferred to the kin caregiver:** Without having legal authority of the diverted child, kin caregivers lack the authority to make educational, medical and other decisions for the child. If parents retain legal custody, the parents retain the authority to take the children back at any time.

## **Recommendations:**

### **1. Regulate the practice of kinship diversion with written policies:**

These policies should define the kinds of cases that are appropriate for diversion from the formal child protection system. For instance, cases that require "intensive case work or monitoring" by CFSA should not be diverted (Annie E. Casey Foundation, 2013, p. 7). Other examples of cases that should not be diverted include situations where the parent is not competent to consent or the plan would require more than a short period with the caregiver. Policies should also include:

- a) criteria for screening kin caregivers (for example, the caregiver's ability to set appropriate boundaries with the parents); and
- b) a requirement that assessments of safety, risk and needs of caregiver's homes be conducted.

### **2. Mandate thorough investigation of allegations of abuse/neglect and an assessment of safety, needs and risk to the child where maltreatment is found:**

Findings from such investigations and assessments must be included in CFSA records and accessible to parents, children and kin caregivers, and their legal representatives.

### **3. Information about placement options must be provided to kinship care providers as well as the differences in funding, services and legal authority of various placement options**

(Alliance for Children's Rights & Lincoln Advocacy, 2020; Annie E. Casey Foundation, 2013).

### **4. Children must be provided independent legal representation any time children are being separated from a parent due to CFSA involvement**

(Alliance for Children's Rights & Lincoln Advocacy, 2020).

### **5. In all cases of kinship diversion, CFSA should facilitate the creation of written agreements among CFSA, parents, children (or their independent legal representatives) that include:**

- a) the duration of such agreements;
- b) the timeline and conditions for reunification or other permanence for the child;
- c) the schedule and conditions for parent/child contact.

The Family First Preventive Services Act provides that "To access federal funds, state agencies must develop a 'written prevention plan' for each child it seeks to keep out of foster care"(Gupta-Kagan, 2020, p.51 ).

### **6. Mandate the collection of data by CFSA.**

Data should be collected on the number and kind of cases diverted from foster care, the duration of kinship care arrangements, the

number of placement changes that occur and whether the children are re-reported for alleged maltreatment.

7. **In cases of kinship diversion, mandate that CFSA facilitate a transfer of legal custody to the kin caregiver, and not just physical custody, before CFSA closes out the case.**

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Testimony of  
**LaToya Cromwell**  
Young Professional

**Child and Family Services Agency  
Performance Oversight Hearing FY 20/21 (First Quarter)**

**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON  
COMMITTEE ON HUMAN SERVICES**

**Virtual Meeting Platform  
Thursday February 25, 2021, 12 p.m.  
John A. Wilson Building  
1350 Pennsylvania Ave., N.W.  
Washington, D.C. 20004**

Hello, my name is LaToya Andrea Cromwell, and I am a District of Columbia resident. First, I would like to thank the City Council Members for listening to my story and allowing me to share a part of myself today.

I am a twenty-two-year-old African American female, a recent college graduate from the University of the District of Columbia with a Bachelors in Administration of Justice. I am currently working on my Master's in Business Administration at Grand Canyon University. I serve as the President of the Youth Council for the District of Columbia Office of Youth Empowerment. I also work as an Aftercare Supervisor at Bethesda Montessori School. Lastly, I am a foster care system alumnus.

When I was thirteen years old, I entered the foster care system due to physical abuse at my father's hands. I spent three years in the foster care system before I found my forever home at sixteen. I exited the system on a guardianship agreement. The time that I spent in the DC Foster care system will forever play a huge part in the woman I am today. I had my struggles in the system just like the next person, from placements who made it very clear from day one that they had no intentions of caring for me and that they are only here for “ the check.” To social workers who did not see me as a human or even listened to my cries for help because I was just a caseload. These are the moments that happened frequently that broke me as a child. My time in foster care was rough. I struggled to find my place, along with myself. Even through the harsh conditions, I still blossomed into a strong and independent young woman. In my opinion, eighty percent of that was my willpower not to let the cruel words of those around me define me. The other twenty percent was from a resource parent, a social worker, and a few education specialists at the District of Columbia Office of Youth Empowerment, who gave me a push on days when I felt it was easier to become a statistic. I was lucky enough to have a resource parent, who then

became my legal guardian, who loves children and was involved in everything I did or wanted to do. I was connected to the Office of Youth Empowerment, where I went from being a participant in educational workshops, youth recognition ceremonies for high school and college graduates, to helping plan those events and speaking at those events to other youth. My time with the Office of Youth Empowerment has helped me in so many ways. From gaining life skills that I use daily, to tutoring sessions that helped me graduate from college, to building professional relationships that have assisted me with finding internships and jobs.

My experience in the DC foster care system will always be unique because it is my own personal experience. Even though I had moments in the system that belittled me., I had even more that uplifted me. Since I came into the system as a teenager, the Office of Youth Empowerment was truly my friend. I can honestly say if it was not for the Office of Youth Empowerment, I would not be here today. The Office of Youth Empowerment always made sure my needs were met, they made sure I understand my value and that they are here to assist and make life a little more stress-free. For that I am truly grateful. The thing I would change about my experience if I could, are CFSA social workers who made the youth feel like we are nothing or a bother to them. There should be more training on how to handle youth who have been through or are going through trauma, because a little too many of the social workers can be a bit insensitive. Having social workers who are well trained and know how to build relationships with the youth can help the youth not feel like a number. This can benefit both the youth and the social worker.

It was always the small gesture of kindness from the Office of Youth Empowerment staff that kept me motivated and fighting. I am grateful and humble by my experience in the foster



care system. I have learned many valuable lessons that make me who I am today. I am stronger, wise, kinder, and poised because of my experience. Thank you for this opportunity to share my testimony.

To Whom It May Concern,

I'm sending my written testimony for the CFSA Performance oversight hearing on behalf of BEST Kids. Please let me know if you need anything else from me. I'm grateful to be part of this process.

Best,  
Megan Brew

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This hearing comes at an appropriate time for reflection and gratitude as this week marks my 3 year match anniversary with Monica. It's been a privilege to watch Monica become more adventurous, discerning & self-aware through BEST Kids activities. When we were first matched Monica wanted to go to Starbucks because she'd never been before. Since then, Monica has explored different interests from hand-spun pottery to cooking to bowling. She's developed a competitive spirit while pushing herself to take on new challenges. We've committed time to discussing healthy relationships. Now Monica spends more time cultivating meaningful friendships than fighting with her classmates. She's setting clear boundaries with a new boyfriend to cultivate a romance rooted in respect. She's engaged in mentee-specific workshops through BEST Kids to conceptualize and communicate her values, lived experience and racial identity. I've seen her self-reflection in action as we discussed police violence over the summer. Not only has Monica grown over the last 3 years, but BEST Kids has also shaped my life.

I volunteered to mentor with BEST Kids to enjoy a fun, positive relationship with a young person and to acquaint myself with the foster care system. My relationship with Monica has profoundly impacted my life. Her graciously-shared perspectives opened my eyes to different life experiences informed by race and socioeconomic status. Most importantly, Monica reminded me of the importance of listening. Monica was quick to open up. By our third outing, she was sharing updates on crushes, grades and friend turmoil the second I picked her up. With the help of my BEST Kids Mentor Support Specialist, I allowed silence when necessary and asked questions to help Monica reflect. As I made Monica feel heard, the trust in our relationship deepened. I look forward to continued fun & meaningful conversation with Monica for years to come. My relationship with Monica reinforced my interest in becoming a foster parent.

None of the aforementioned progress and growth would be possible without the team at BEST Kids. Mentor Support Specialists provide research-informed coaching for me while connecting with Monica on a personal 1x1 level. Pre-COVID, the team planned age-appropriate group activities to develop community through shared experiences with mentees and mentors. One of my favorite memories with Monica is watching her bond with a fellow mentee during an afternoon at Great Waves Waterpark. Amidst COVID, BEST Kids staff has gone above & beyond to support mentors and mentees even with reduced funds. At the onset of the pandemic, the team assembled and distributed care packages for youth with educational & artistic goodies. During the continued racial violence last summer, BEST Kids structured a four-part racial equity training for mentors and a series of race education and empowerment workshops for mentees. My relationship with Monica has flourished in large part because of the commitment and support of the BEST Kids staff. CFSA's commitment to mentoring youth in their care really does make a difference for our youth, and mentors like me as well. Thank you for hearing my story and thank you for recognizing the crucial role of BEST Kids in the DC community.

Members of the Committee on Human Services:

My name is Michael Manglitz and my wife and I are licensed resource parents in the District of Columbia. I offer this testimony to share our experience as resource parents, and to ask that the Council work with CFSA to ensure that no other youth in CFSA's care experience the medical neglect that our former foster son did. Specifically, we request that Council ensure that CFSA has completed the thorough investigation they promised us they would, and that Council fully fund an independent Ombudsman.

Unless our specific experience can be demonstrated with confidence to be extremely atypical, youth in CFSA's care are at risk of having past diagnoses ignored and unaddressed, and not receiving the treatment they need.

Our particular story is as follows. Three years before a youth was initially placed with us through CFSA, concurrent with a period of time in which he was in the care of DYRS, he was receiving treatment for bipolar disorder. When he entered our home, he was not receiving any treatment and at no point did CFSA inform us of his diagnosis. When we discovered the youth's diagnosis on our own (in his easily accessible school records), CFSA claimed they had no knowledge of this history. We also learned, on our own, that he had a diagnosis of an intellectual disability, which CFSA also did not share with us. Knowing he had an intellectual disability helped us understand and reframe his confusion about everyday things. Once we learned that he had an ID diagnosis, we were able to scaffold instructions and help him navigate everyday household activities much better. This would have been very helpful information to have from the first day of his placement with us.

Because CFSA failed to review his easily available medical records, he did not receive any treatment for his bipolar disorder while he was in CFSA's care, and we didn't have the information we needed to ensure his needs were being met. Just as alarmingly, once we made CFSA aware of his history, CFSA made no effort to ensure that his treatment resume. This youth suffered unnecessarily because of CFSA's negligence.

What we know now is that this entire time, he was self-medicating. When he came into our home, he was smoking marijuana at least four to six times per day. CFSA was aware of this, but simply advised us that trying to address the marijuana use would disrupt our placement. Shortly after he joined our home, the youth himself expressed a desire to quit smoking marijuana. We worked with him to connect him to a therapist to identify strategies for harm reduction. CFSA's approach was to ignore the youth's own goals and instructed us to ignore them as well. All this time, he was struggling with an untreated mental illness.

Concerned that he was not getting treatment for his bipolar diagnosis, we worked with his biological mother to get him an updated psychiatric evaluation on our own. Unfortunately, this

was not a fast process, one made even slower by the pandemic. Looking back, we wish we would have pushed harder to get him treatment and had known to elevate our concerns higher within CFSA. We were not able to get him connected to resources and treatment quickly enough, and seven months into his placement with us his affect and behavior changed significantly, and it was like we had a different youth placed with us. He no longer expressed the same interest in his long-term goals, and he engaged in new dangerous and self-destructive behavior, including sudden abscondences. For the first six months of his placement with us, we hadn't interacted with police at all regarding his behavior, but suddenly we were interacting with police on a semi-daily basis. Sadly, this reached a crisis point, when he was found living in an abandoned van by MPD on a Wednesday afternoon. He was drunk and, from what we understand, got into a physical altercation with the police officer. Thankfully, MPD decided to FD-12 him instead of arrest him. He was taken to Children's, where he spent eight days in the Psychiatric Unit, and where the diagnosis of bipolar was confirmed. We truly believe that the trauma that he experienced as a result of this crisis, and the crisis itself, could have been avoided had he been receiving appropriate treatment while he was in CFSA's care.

We have brought this situation to CFSA's attention and have met with the administrators of both the Permanency and OYE divisions, both of whom expressed alarm at this youth's experience. They assured us that they would complete an investigation to identify why he was not receiving the treatment that he needed. We understand that they may be unable to share the results of their investigation with us; therefore, we ask that Council follow-up with CFSA to ensure that the investigation did happen, and to review the results. We also ask Council to encourage CFSA to conduct an audit of the records of all youth in care to ensure that all youth are receiving the medical care that they need. Based on our experience, we worry that this is more widespread than even CFSA may realize. CFSA's failure to identify the medical, including mental health, needs of the youth in its care negatively impacts CFSA's ability (and resource parents' abilities) to identify and/or meet the needs of youth currently, and, ultimately, hurts the youth for whom they are tasked with caring. We strongly believe that better record reviews, including strong measures of oversight and accountability, of all youth in care will help identify the diagnoses and needs of youth in care so that appropriate treatment can be properly sought.

We attempted to work with CFSA social workers in order to identify the youth's needs and get him the treatment he needed, but CFSA failed to offer us any help. If there had been an independent Ombudsman, we would have sought out their assistance. We believe that an independent investigation is necessary to understand what went wrong here, and to make sure that it is not happening to other kids. Currently, there is no mechanism for that to happen.

Therefore, we ask the Council:

1. To follow up with CFSA to ensure that the promised investigation has been completed to determine why this youth was not receiving needed treatment;

2. To review the results of the investigation to determine if additional oversight is necessary to ensure that CFSA is taking appropriate measures at intake to identify the medical needs of each youth;
3. To ensure that CFSA conducts an audit of the records of all youth currently in care to confirm that all youth are receiving the medical care that they need; and
4. To ensure that an independent Ombudsman is fully funded.

Thank you for your consideration of our testimony. The youth is aware of our testimony and encouraged us to share his story. My wife and I are available to meet to discuss our experiences and our concerns further if that would be helpful.

**From:** [REDACTED]  
**To:** [Committee on Human Services](#)  
**Subject:** The Committee on Human Services  
**Date:** Tuesday, February 23, 2021 6:39:40 PM

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To The Committee on Human Services,

My name is Patricia Pierce. I have been a client of the Caregivers Program for the past 2 1/2 years. This agency and there staff members, Mrs. Valorie Gainer, Mr. Ryan Younger and Mr. Howard and all of the other staff members are people that are truly their to help grand parents and other people who are caregivers to children that need support and could have possibly been left behind.

I can not say enough about them and the services that they provide in order for children to have the help and resources that the caregivers,( such as myself) need to support them. This organization reaches out even on holidays to make sure that the kids have good Christmas's by providing toys, clothes, food and other resources that the caregiver may need.

I'm especially grateful to them based on the seven grand children that I have to support. The heart and compassion that they have for the work that they do, is to truly be commended. They have my utmost respect and gratitude for being there for me and my babies. Words can not express just how grateful I am for this agency and these people.

***Sincerely,  
Patricia Pierce***

[REDACTED]



**To:** Committee on Human Services

**From:** The DC Girls' Coalition

**Re:** DC Girls' Coalition Comments on the Child and Family Services Agency (CFSA)  
Performance Oversight 2021

**Date:** March 4, 2021

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The DC Girls' Coalition (DCGC) was re-established in 2019 and is co-convened by Rights4Girls and the Black Swan Academy. DCGC works to elevate and amplify the voices of young women, girls, femmes, gender non-conforming and young women/girls of color of trans experience in the District of Columbia. DCGC, comprised of youth-serving and advocacy organizations, adopts and fights for the implementation of policy recommendations that centers youth leadership and addresses their needs. DCGC believes that in order to generate solutions that are affirming for all girls, including non-conforming, young women and girls of trans experience, we must see them as they are: multi-faceted, multi-dimensional, and dynamic. We envision a city in which youth within these groups are at the table identifying solutions that will work for the issues they face every day. The DCGC strives to reduce the criminalization and adultification of girls of color, by uplifting girls as leaders and building a network of organizations dedicated to advocating with youth of color and adopting policies and practices that center around their needs.

Today, we submit this testimony to highlight our recommendations around mandatory reporting and some of the challenges that youth have experienced due to a lack of clarity around mandated reporting. There has been a history of over reporting to Child Protective Services for Black and brown communities for issues that have nothing to do with abuse or neglect. At the same time, when severe issues of abuse or neglect arise, it is often underreported. We recommend the following: (1) create a *mandatory* community-based training for mandated reporters that includes anti-racist, anti-homophobic, and anti-transphobic components; (2) work with youth to create a tiered reporting system that will support youth agency and allow additional support in specific cases when appropriate instead of triggering a full investigation; and (3) require transparency about who mandated reporters are in schools.

The Youth Advisory Board of DCGC has repeatedly told us that they are frustrated when they confide in adults about situations of abuse or neglect and no investigation is triggered because of a lack of understanding over whether that individual was a mandated reporter. Similarly, youth have expressed anger that venting about a home situation could trigger an investigation due to a cultural misunderstanding when there is no underlying abuse or neglect. Given the overrepresentation of Black and brown youth in the child welfare system and distrust that communities of color have regarding CFSA, we think it is essential that we reform our mandatory reporting system.

We thank the Committee on Human Services for its commitment to supporting our city's most vulnerable youth and we look forward to continuing to work with the Committee to serve D.C.'s girls. Should members of the Committee have any questions regarding this testimony, please contact Rebecca Burney, Attorney and Youth Advocacy Coordinator, Rights4Girls at [rebecca@rights4girls.org](mailto:rebecca@rights4girls.org) or Kristi Matthews, Coordinator, DC Girls' Coalition at [kmatthews@blackswanacademy.org](mailto:kmatthews@blackswanacademy.org).

**Testimony of Rosie Parke, Director of Communications and Community Based Services**

**East River Family Strengthening Collaborative, Inc**

**before the**

**Committee on Human Services**

**Regarding the**

**CFSA Performance Oversight Hearing**

**February 25, 2021**

Good Morning Chairperson Nadeau and members of the Committee on Human Services. My name is Rosie Parke and I serve as the Director of Communications and Community Based services of East River Family Strengthening Collaborative, located in Ward 7. Thank you for allowing me to express my support of the DC Child and Family Services Agency, especially as it relates to the Families First DC Initiative.

ERFSC is among 9 grantees of the Families First DC Initiative grant which took effect on January 1, 2020. This very important initiative; spearheaded by Mayor Muriel Bowser and led by DC Child and Family Services Agency focuses on families in Wards 7 and 8. It is a neighborhood based, whole family approach to provide upstream, primary prevention services and neighborhood driven resources. The initiative aims to empower communities and families, integrate government services and programs to build on family strengths, and is in direct alignment with ERFSC's mission to empower families, youths, seniors, and the Ward 7 community.

Since receiving the grant, ERFSC and the other grantees have worked closely with CFSA to ensure that all the residents in targeted areas are at the forefront of our



planning and implementation of what are now called the Family Success Centers. ERFSC received two grants to operate Family Success Centers in the Benning Park/Benning Terrance and Minnesota Avenue/Benning Road neighborhoods. The planning phase from January 1, 2020 to September 30, 2020 was a collaborative process with Director Brenda Donald and her key staff, including Octavia Shaw, Kiara Streeter and Dominique Griffin, and the other grantees. Collectively, we engaged in the process of conducting needs assessments to ensure that we would provide services that the residents indicated that they need, hosted various focus groups and community meetings, and in the initial stages, did some in-person community engagement. Once the pandemic hit in March 2020, we ensured that we provided meals, PPE equipment and services such as “Coping with COVID” sessions to ensure we were being compassionate to our residents, while paying attention to the DC mandates of staying at home, and ensuring we were socially responsible by observing social distancing. We convened Community Advisory Councils (CAC) which comprises of community stakeholders, who are an integral part of this very important initiative – the CAC meets monthly and with their help we can regularly strategize on the best services and programs for the residents we serve. We have also worked closely with government agencies such as DC Housing Authority, MPD 6D, DC Public Library, and DC Public Schools to ensure that we are not duplicating services, but rather working in tandem to ensure the needs of the residents are catered to. CFSA hosts monthly check-in meetings with various government agencies which provides us with easier access to services, and they have done an incredible job of ensuring that all grantees have regular training on Now Pow, the Protective Factors, and the National Standards. We

have also worked with external partners who are our mini-grantees and have contracted them to provide services for our residents such as fitness and wellness, cooking classes, art and dance classes, community workshops on trauma and violence, and mental health services.

Without the active support and guidance of CFSA by meeting with the network of grantees frequently via site visits, monthly networking, and data meetings, we would not be in the position we are to truly make DC stand out as part of a larger national model. With the NowPow data system, we can track and refer residents across the network of grantees and service providers and cater specifically to the varying needs of our residents. We appreciate Director Donald and her team at Child and Family Services Agency (CFSA) for ensuring that there is consistency yet autonomy across all the Family Success Centers.

Since implementation began on October 1, 2021, ERFSC like the other grantees have been providing programs and services residents indicated that they needed, and we are constantly canvassing the community to ensure that we are pivoting based on the challenges brought on by the pandemic. Our monthly meetings with CAC members serve as the perfect space for us to strategize on successes, challenges, and opportunities to serve our residents better. We have hired staff (Family Center Managers and Community Support Specialists) who grew up in and reside in those targeted communities where our Family Success Centers are located. We believe that the staff not only serve as role models, but they also have a vested interest in the success of their neighbors, and in most instances go above and beyond. We continue to work with government agencies and strategic partners to ensure that we are not

duplicating services but working together for our residents. Most importantly, with various external situations our residents (and us) have faced and are facing, such as the political climate, assault at the Capitol, General Election, and the pandemic, we are adapting a more fluid, flexible, and compassionate approach to service delivery.

Our residents have indicated that they are inundated with home schooling and at times lack the interest or energy to join us on yet another Zoom session, so we do our best to find out what their personal needs are and deliver on those needs. We are extremely mindful of social distancing and as such are doing most programming virtually. We have taken care packets to residents, given them gift cards, had Movie Night and Games Night with them, given them free produce, and have spent time just talking to them to help alleviate various anxieties they are experiencing. Despite the pandemic, we are still seeing families show up for services at our FSC, such as fitness and wellness sessions, dance classes, tutoring sessions, workshops on coping with community trauma, and mental health sessions.

We continue to work with community stakeholders such as Chris Donatelli of Donatelli Management and Scottie Irving of Blue Skye Construction, Dr. Lewis Tait of The Village DC, and DC Housing Authority to ensure that our residents have access to critical services, such as “Motivational Mondays”, the mobile health units which provide COVID testing, and other community connections. We continue to work with service providers who can deliver programming to our community with creativity and flexibility. We continue as mandated reporters to look for any signs of child abuse or neglect and we serve our residents with passion so that they can truly buy into the fact that by participating in the

Family Success Centers, #SuccessWithinReach is much more than a hashtag; it is their reality.

In closing, it is important to reemphasize what our Executive Director Mae Best, who has been leading this agency for twenty years said, in her testimony last year, “The Families First DC Initiative is reminiscent of the development of the Healthy Families Thriving Communities Collaboratives. The collaboratives underwent a long community planning process, including residents from public housing and organizations, to come up with their model.” We know that this model works, and we are confident that with time and consistency, we will see most of our residents calling these Family Success Centers their second home. With time and commitment, we will see a decrease in those families who fall into the care of CFSA.

Thank you so very much for the opportunity to share my testimony.

Testimony of  
**Talayshia Coles**  
Young Professional

**Child and Family Services Agency**  
**Performance Oversight Hearing FY 20/21 (First Quarter)**

**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON**  
**COMMITTEE ON HUMAN SERVICES**

**Virtual Meeting Platform**  
**Thursday February 25, 2021, 12 p.m.**  
**John A. Wilson Building**  
**1350 Pennsylvania Ave., N.W.**  
**Washington, D.C. 20004**

Good Morning, Chairwoman Nadeau and the members of The District Council Committee on Human Services. My name is Talayshia Coles. I am a 20 years old mother of an active 2-year-old son. I came into foster care in November of 2002, and soon after my paternal grandmother received Guardianship of me and my twin sister Talisha. We would run away a lot and my grandmother could not handle us, so we came back into foster care December 2016. As soon as I came into CFSA I would abscond from CFSA and would be in the street. I was not proud of the activities I was involved in. When I returned to CFSA I was placed with NCCF and resided in a teen mom's foster home in Clinton, Maryland with my new baby. I remained with Ms. L.M. from May 29, 2018 until January 13, 2020. I now reside with my son at The Mary Elizabeth House teen mom program in a two-bedroom apartment. I am enrolled in my last semester at Goodwill Excel Center in Washington DC. I should have graduated already, however, navigating virtual school with a child is very difficult. My Social Worker connected me to DC 127, a CASA Worker and The Office of Youth Empowerment LifeSet program. I am waiting for a tutor to be assigned by CFSA to help me with my math class. I am staying focused on getting my high school diploma because I know I want more for myself and my son. I also completed a Virtual Internship last summer with OYE and I enjoyed the experience. I like being connected to my LifeSet Specialist, Ms. Moore. At first, I was not always engaging, however she did not give up on contacting me or my Social Worker to make sure I knew the benefits of participating. I enjoy speaking with her weekly. I feel I have a supportive team that includes my LifeSet Specialist, Casa worker, my GAL Ms. Epstein, the Mary Elizabeth Ministries staff and my Generations Social Worker, Ms. Samantha Stanley. My team helps me navigate everything I need to successfully emancipate. Ms. Moore has also introduced me to the Match Savings Program, MMG, and I completed the documents to join the program.

The Generations Unit at the Office of Youth Empowerment offers me connection in the community and helps me with navigating doctor appointments and referrals I need in the community. When I expressed that I needed to gain more parental skills, Ms. Stanley connected me to parenting support group at the Far South East Collaborative. I believe that I will become a better parent to my son through the parent support group and the support I receive from Mary Elizabeth Ministries. These supportive services have help with providing tips and skills to navigate through parenthood.

During my time in foster care, I have been in supportive placement settings. I am glad that I have the stability of having my own apartment, learning how to cook on my own, shop for me and my son and learning to budget. I attend my court hearings and Youth Transitional Planning meetings (YTP) so that I can learn my next steps as I move forward to emancipation. I will say, I am nervous about what my housing transition will be, however I know my team will be there to guide me through and I will receive the help and the support I need to be a better parent.

It is my recommendation that CFSA find ways to continue to offer supportive housing to teen mothers through professional teen mom home's because there is a need in the community and the placements work. To all youth that are still in care and can hear this message, stay positive, focused and work hard and be patience with yourself. There is nothing in the streets for you and nothing is too big to overcome. Thank you for your time and concern around improving foster care.

When I moved back to the DC area after college, I felt an emptiness. In school, I was deeply involved with extracurricular activities all of which involved a strong service component. As I started my “adult working life”, I fell into the monotonous routine of going between work, home, and the occasional happy hour. Volunteerism had always been a major tenant of my upbringing, and I knew that I had to once again find a consistent way to give back as I had done in school. I googled around and tried a few different activities but nothing as consistent and as impactful as I wanted. Then I discovered Best Kids, and 10 years later I’m so grateful I stumbled across this amazing organization.

I was matched with my first mentee Johnajia back in 2010 when she was 12 years old. She was one of the first girls in this growing program. Her brother was already matched, so she would tag along to monthly peer groups while I was showing up to explore and learn more. We immediately hit it off and were formally matched shortly after. Although we got along well personally, I had so much to learn about being a mentor. I had to learn how to set boundaries, and this became something we both worked on together in the early days. I also had to learn a lot about the mental health challenges that Johnajia faced. This involved quite a few hospital visits and understanding the many different sides of Johnajia. Seeing her face light up whenever I’d visit, helped reaffirm to me that our relationship had become something that she could rely on, and could be a calming presence amid the turmoil. During our match, Johnajia was sent to a group home program in southern Virginia which was a big disruption to our in-person visits. I’ll never forget the first call she made to me from the program. There was so much excitement in her voice and it melted my heart that she would take it upon herself to reach out to me regularly despite our physical distance. Upon her return, we got back into our routine. The support from Best Kids staff and regular Best Kids activities made all the difference in us picking back up where we left off. I began to be looped in more to Johnajia’s team — chatting regularly with her social worker and tutor and even attending IDP planning meetings. I remember one evening late at work I was on the phone with her CFSA social worker working out logistics as she was scrambling to find an emergency placement for Johnajia. Over the next few years, Johnajia cycled through 5 or 6 different placements, each of which was incredibly taxing on a teenage girl. I was so grateful that I could serve as a consistent presence for her during this tumultuous time. She would always call me with an update on her placement and we would continue our get-togethers from there.

Because of some of my own life changes, I was no longer able to formally keep up with the Best Kids mentoring program. Johnajia and I ended our match after about six years. Given the bond we had formed, our relationship didn’t stop there. We continued chatting and seeing each other from time to time. When she was expecting, I attended her baby shower along with a Best Kids staff member with whom Johnajia had gotten close. I saw her in the hospital and visited a few times after the baby was born. Johnajia has since gone on to graduate from the Goodwill Excel Center, and I’m so proud to see all that she’s overcome.

My pause from Best Kids didn’t last long. After a couple of years, I once again felt that longing to give back, and once I was able to do so, I re-enrolled with Best Kids. I was so impressed by how much the program had evolved since I first started. Peer groups were now broken down by age,



and the onboarding and training process covered so much from day 1. I remember thinking how much of the training was directly applicable to my previous experience with Johnajia, and how well equipped new mentors in the program were.

I officially matched with my current mentee Merci 3.5 years ago. Once again, we had a strong initial connection which allowed us to open up to each other. The Best Kids match meeting goes a long way in helping to establish that initial common ground. One thing that was remarkable and new for me was the heavy involvement of Merci's family. Through Best Kids, I have been able to get to know and build bonds with first her grandparents and now mother, which adds a stronger dynamic to the mentoring relationship. In fact, in one of the earlier moments of our relationship I was able to escort Merci to her great grandmother's funeral in Baltimore. Her family was overwhelmingly grateful especially because this was at a time when they couldn't have unsupervised visits with Merci. The fact that I could be there in that already difficult moment meant so much. Through our time together we've been through some seriously tough times that have shaped and matured both of us — from her relocation to her mother's guardianship, to an incident with sexual harassment, to even the death of her friend in a police shooting incident. Having a consistent presence during these difficult periods goes such a long way, and Best Kids, through their programming, resources, community, and more helps me to be a consistent presence.

As I reflect on what gives me a true sense of purpose, few things compete with the role Best Kids has played in my life over the past 10 years. I often rave about the program to others I know, and just last year my mother joined the program as a mentor volunteer. I've now witnessed firsthand how the organization has played a role in the lives of 2 mentees and their families, and I truly believe that it has helped make a real difference. With continued support from CFSA, I know that this organization can help shape the lives of countless more DC youths.

Estimados miembros del Council de Distrito de Columbia, así como los miembros o  
participes del programa de padres de familia de Mary Center de DC

¡Hola a todos!

Mi nombre es Roberto Parra. Si bien lo saben soy miembro del programa de padres de familia de Mary Center de DC. hoy me gustaría dar mi testimonio acerca del impacto, que este tipo de programas provoca en nuestra sociedad. Mi testimonio está basado en las experiencias que he tenido desde el primer día que participo en este programa hasta la fecha, período que se aproxima a casi ya 3 años.

Para brindar mi testimonio siento que es importante hablar y elaborar algunas preguntas que nos ayudaran principalmente a expresar de manera transparente como ha sido este proceso de cambio en mi persona a raíz de mi acercamiento a este tan maravilloso programa.

Generalmente siempre he tratado de ser una persona recta, responsable, humilde, generoso, caritativo, solidario y demás. Básicamente me consideraba una persona de bien, sin vicios, sin violencia, no me gustan los problemas entre familia o con personas en general. ¿Bueno cualquiera que escuche o lea mi descripción tal vez puede pensar a grandes rasgos que soy una buena persona verdad? Probablemente tengan razón si lo vemos desde el punto de vista como persona se escucha bien. ¿Pero me pregunto si esta misma persona con todas estas cualidades creen que se desarrollaría muy bien en el papel de padre de familia? La respuesta desde mi punto de vista es no. Ya que todas estas cualidades, virtudes o valores han sido enseñadas y transmitidas de generación en generación dentro de mi familia y desgraciadamente el nivel académico de mis abuelos y mis padres tuvieron como máximo grado de estudio la primaria y algunos de ellos ni siquiera terminaron este nivel educativo. Así que por ovias razones los métodos de enseñanza y orientación o información de nuestros abuelos y nuestros padres hacia nosotros eran muy limitados y de cierta manera casi nulos hablando del punto de vista académico, afortunadamente cuando existe la carencia de algo esto se convierte en motivo para buscar o acercarse a los medios adecuados para poder nutrirse de información que te ayude a crecer como hijo, cómo hombre, cómo padre, cómo esposo, cómo persona y como miembro de la sociedad en general.

Hace aproximadamente tres años un miembro de este programa se acercó a mi haciéndome la invitación para integrarme a su grupo de padres de familia, pero la verdad me sentía inseguro, porque nunca había escuchado acerca de un programa que fuera destinado a padres de familia. Común mente hay programas sociales que en la mayoría de los casos están elaborados y dirigidos hacia la mujer, hacía la familia en general, pero jamás había escuchado de un programa para específicamente padres familia. Precisamente en ese momento mi esposa y yo estábamos experimentando una situación de estrés e impotencia porque teníamos un niño de dos años que estaba mostrando cambios en su comportamiento y nosotros como padres por primera vez nunca imaginamos la gran responsabilidad que implica tener, cuidar y educar a un niño así que, no dude en integrarme al grupo de padres de familia.

Quiero ser honesto y mencionar que los beneficios de este programa han sido muy positivos y creo que el impacto que este proyecta se ve reflejado en el comportamiento de mis hijos, en lo feliz que se sienten y cuando la gente hace comentarios positivos acerca del desarrollo de mis hijos. Me ha ayudado a crear y fortalecer ese vínculo de padre a hijo, incluso la relación de los integrantes del programa y su servidos ha ido creando una

amistad que en ocasiones nos sentimos con la seguridad de que en algún momento no importa el tema sentimos el respaldo de estas personas y la confianza de poder compartir, dar y recibir el apoyo incondicional que en algún momento llegamos a necesitar. En pocas palabras se siente como si este programa fuera una nueva familia en la que se platica, escucha, comparte y sobre todo se informa acerca de cómo desarrollar un buen papel como padre.

Yo creo que este tipo de programas es actualmente muy importante y necesario en la sociedad ya que como se sabe la mayoría de los padres de familia muestran conductas de machismo, autoritarismo extremo, no pueden expresar muchas veces realmente como se sienten emocionalmente. Por experiencia propia les puedo asegurar que la mayoría de padres de familia siempre creemos que no necesitamos de la ayuda de nadie, nos creemos autosuficientes, creemos saberlo todo, aunque en ocasiones no sabemos cómo decirle a alguien que necesitamos ayuda he aquí algunas de las razones de suicidio, depresión y estrés por mencionar algunas a causa de la ausencia de personas, dependencias o programas que no solo informen o ayuden a ser mejor como padre sino que también entender que todos somos seres humanos con habilidades diferentes, pero con sentimientos y emociones como cualquier otra y que por la misma razón necesitamos que alguien nos apoye, nos escuche y nos entienda.

Actualmente me considero una persona cada vez más segura de lo que dice y de lo que hace con respecto al desarrollo de sus hijos. Ahora escucho, analizo, entiendo y tomo decisiones más certeras y precisas. Me siento respaldado porque sé que en cualquier momento puedo acudir a las personas encargadas de este programa y pedir ayuda de cualquier índole y saber que siempre voy a poder recibir alguna respuesta positiva por parte de estas personas que actúan con una ética moral intachable. Ahora sé que no por el hecho de ser hombre no significa que no pueda ayudar a mi esposa con las actividades de la casa que finalmente son parte de nuestra responsabilidad como padre de familia. Yo después de haber sido una persona machista, controlador, celoso, intolerante y de algún modo egoísta ahora me considero una persona tolerante, segura, firme, empático comprensivo por mencionar algunos. En pocas palabras me siento con un autoestima muy bueno, en estado de crecimiento personal muy aceptable, optimista y por supuesto abierto a nutrirme de información para poder ser mejor cada día en todos los aspectos.

Quiero agradecer y al mismo tiempo reconocer la gran labor y participación por parte de Óscar con respecto al gran desempeño de su papel como líder de este grupo durante casi un año de estar participando en su grupo y me gustaría más que todo resaltar y enfatizar acerca de la iniciativa que tomó en el pasado Diciembre del 2020 llevando a cabo una colecta de juguetes para poder otorgarles un regalo de navidad a muchos de nuestros niños en la comunidad principalmente a las personas que debido a la actual situación con la Pandemia no pudieron de alguna manera llenar de emoción y sonrisas las caras de muchos niños y que gracias al esfuerzo y arduo trabajo por parte de Óscar después de acercarse y tocar puertas de algunas dependencias pudo ser posible la entrega de regalos navideños a los niños. Estoy seguro de que aquellos padres de todos los niños que tuvieron acceso a estos regalos están profundamente agradecidos por la gran labor y esfuerzo desempeñado por parte de Óscar Centeno y su gran equipo de trabajo que en conjunto han logrado un gran impacto en la sociedad comunitaria a nivel Padres de Familia y desarrollo infantil. En lo personal este tipo de programas dirigido a los Padres de familia me ha impactado mucho de manera positiva y me motiva a creer que aún se puede hacer mucho más trabajando en

conjunto para desarrollar nuevos programas o estrategias dirigidos a los Padres de familia y el buen desarrollo de nuestros niños.

Concluyo diciendo que este programa desde mi punto de vista creo que es indispensable y necesario en la actualidad y seria grandioso que se pudiese implementar de manera permanente porque creo que es una necesidad, espero que las autoridades competentes puedan ver cuál es la verdadera esencia de este programa por medio de estos testimonios por parte de las personas que tenemos el privilegio de pertenecer a estos programas y ser conscientes de que esto no es suficiente y me encantaría que no fuera solo un programa desde toddlers hasta los 5 años si no que fuera un programa que se adapte de acuerdo a las diferentes etapas que un padre e hijo experimentan. Quisiera con estas palabras transmitir lo feliz y cómodo que me siento porque este programa me ha ayudado mucho a mi desarrollo como padre y a nivel personal.  
por su atención Gracias.

**Rachel Doe**

Hello, my name is Rachel and I want to talk about my feelings about foster care. I've been in the foster care system since I was months. I believe that foster care needs to improve in a few areas. I believe that social workers and foster parents need better training, and they need to be educated more on the trauma that the kids have been through, and they need to understand that trafficking is not a choice that is given, but it is forced. I think that they should be trained by survivors because they understand trafficking better. So when social workers are foster parents have a survivor in their care they know how to support them. If foster parents and social workers knew what to look for, I think less survivors in foster care would be in the Life. Another thing that I think should be different about foster care is that more foster parents should pay more attention to their kid's mental health. I feel like foster parents don't always spend time with the kids and make them feel like they are a part of the family and this makes it harder for the kids to stay in the placement. So I think that foster parents should have to do more family oriented activities with their kids so that they feel more welcome in the home. I also believe that foster care should provide more internships and jobs for foster kids so there would be less kids in the life. They should give them positive ways to make money so they wouldn't, you know, do negative things to make money. They also should provide Courtney's House with housing so that survivors could be the ones running the housing so that the kids that live there will be, you know, they'll be living with other survivors so that you know, they just feel more welcomed. They around people that been through the same things that they've been through. Some people who have never been in the life, they don't understand what they've been through and they judge them a little bit. But if Courtney's house had housing, you know, for survivors that been through trafficking and stuff like that with everybody is like one big family, you know, because everybody has been through the same thing. It's a no judgment Zone.

**Keisha Doe**

My name is Keisha. I entered the foster system when I had turned thirteen. The first few months of my foster system was horrible. I got put out of a foster home because of me voicing my problem to my foster parent's grandad that I wasn't getting what I needed like clothes, beauty supplies in the fabulous I had started running away because I saw like if they wasn't going to get it, how else was I going to get it. So I started running the streets making money and getting the stuff myself. They have put me in residential because they try to say that it was my fault why I was running away. When I left residential, I got put in a new foster home. The foster mom kicked me out because she said she couldn't handle my depression. When they took me out they sent me to a great foster home that I am in right now. She gives me whatever I need and provides everything I need. Always there when I need to talk, she is always a shoulder I can cry on.

What I'm trying to say is that the government needs to fix the whole foster system. I feel like the government needs to find more foster parents that actually care and want to be there for the child. Thank you for listening.

**Keith Doe**

Hi, my name is Keith. I'm eighteen years old. I've been in foster care since I was three. Since I got older the foster homes I have been in have not been good. They don't care anymore or sometimes they just do it for the money. Sometimes they don't be feeding you. I think Courtney's House having housing would be better most days. It would help you get what you need in the future. I would have people I know and I can talk to and I would feel more like a family.